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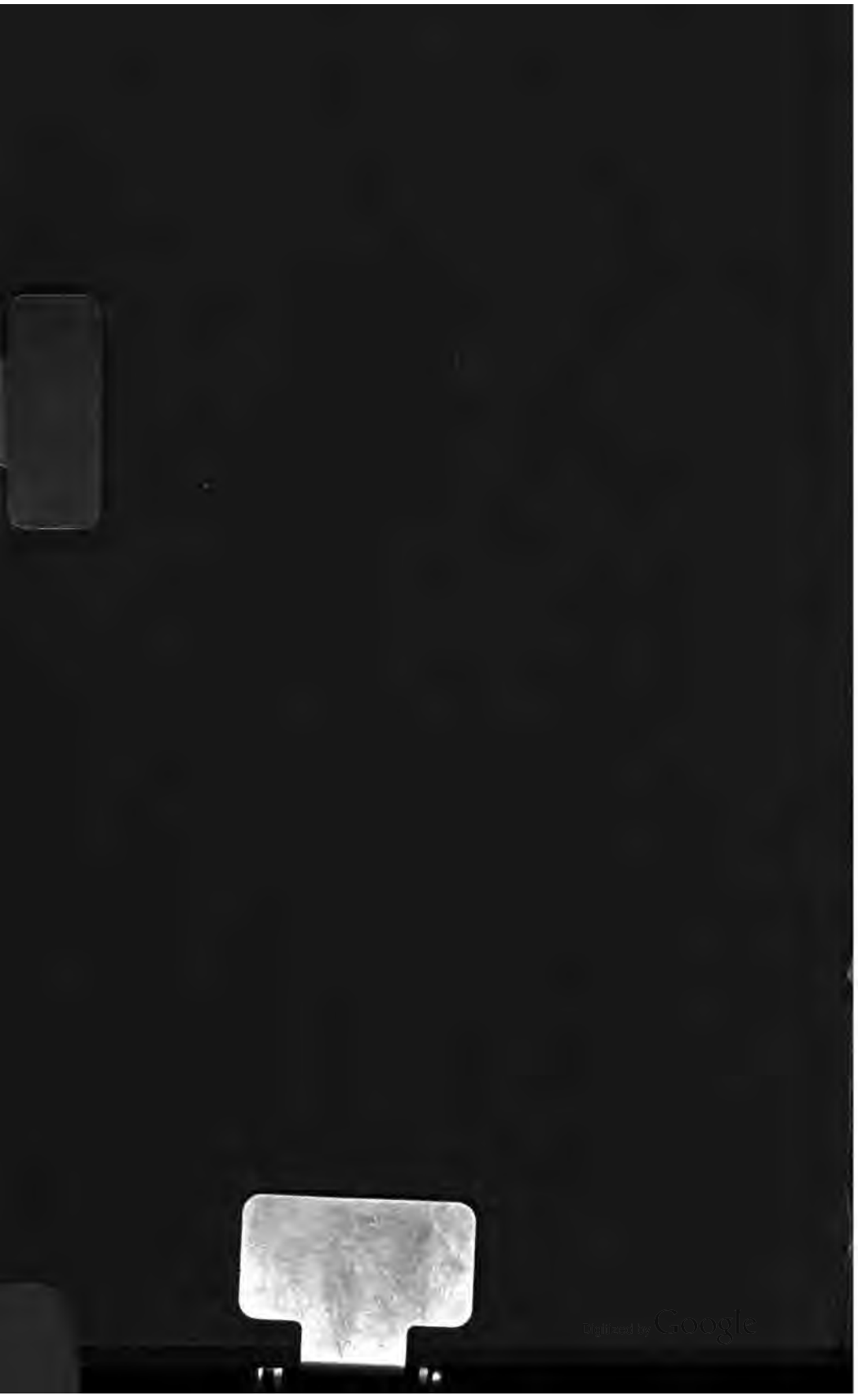
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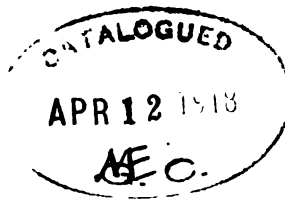
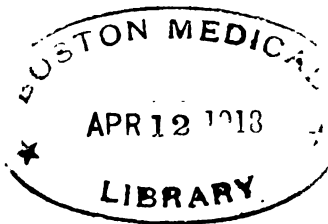
PUBLICATIONS
OF THE
MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY,

FROM 1866 TO 1870 INCLUSIVE.



VOLUME III.

TAUNTON:
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1875.



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PREFACE.

During the years, which are covered by this Third Volume of Publications of the Massachusetts Homœopathic Medical Society, both the Science and the Art of Medicine have made rapid progress ; or rather the results of previous thought and experiment have been given to the world. But all advance has only proved more conclusively, the truth of our Law and the deep wisdom of its Promulgator. In our own body there has been a greater interest in deepening and broadening our foundations, and in making the superstructure sure. Specialists have taken their recognized place among us, and already our records show the value of keen attention to single departments. The competition of increased numbers has also stimulated the General Practitioner, and made all classes alive to the necessities of our position, and to our right to public recognition.

May future years crown and glorify the labors of these years.

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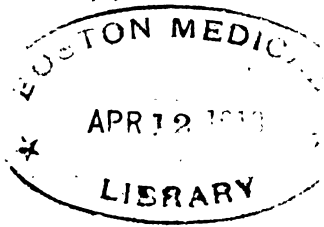
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PUBLICATIONS
OF THE
MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY,
FOR 1866-67.

VOL. III.

1

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PROCEEDINGS

OF

THE SEMI-ANNUAL MEETING, 1866.

MORNING SESSION.

THE Society met at Meionaon Hall, Tremont Temple, Boston, on Wednesday, Oct. 10, 1866, at ten o'clock, A.M.

The meeting was called to order by the President, S. M. CATE, M.D., of Salem, who delivered a brief address of welcome to the members.

The records of the last meeting were read and approved.

The report of the Executive Committee was read and approved.

The following persons were then elected members of the Society, viz.: —

CHARLES H. BURR, M.D.	Portland, Me.
WILLIAM LOUGEE, M.D.	Lawrence, Mass.
EZEKIEL MORRILL, M.D.	Beverly, Mass.
HENRY AHLBORN, M.D.	Lynn, Mass.
LEWIS WHITING, M.D.	Danvers, Mass.
W. H. SANDERS, M.D.	Newton Corner, Mass.
RICHARD HODGSON, M.D.	Stoneham, Mass.
WILLIAM PEARSON, M.D.	South Hadley Falls, Mass.
D. WHITING, M.D.	Boston, Mass.
W. P. GAMBELL, M.D.	Boston, Mass.
H. P. SHATTUCK, M.D.	Boston, Mass.
H. B. CROSS, M.D.	South Boston, Mass.

F. H. KREBS, M.D., of Boston, read a paper upon "Hypodermic Injections," which was referred to the Committee on Publication. (ART. I.)

SAMUEL GREGG, M.D., of Boston, related a case of severe neuralgic pain in the left shoulder of a patient, which resisted the action of remedies administered in the usual way, but promptly yielded to the remedy deemed appropriate, applied by subcutaneous injection.

DAVID THAYER, M.D., of Boston, remarked that he had used subcutaneous injections of Morphia and Atropia into the left arm with good effect. He had observed that instantaneous dryness of the buccal cavity followed the injection of the latter substance. In proving Atropia, he has since found dryness of the mouth to be one of its most constant symptoms.

DR. KREBS said he did not wish to be understood as making unqualified objection to the application of medicines by the method under discussion, but only to their indiscriminate use. He wished to admonish physicians against the subcutaneous injection of medicines, with the effects of which upon the human system they are not fully acquainted, and thought it better, generally, to administer the appropriate remedy in the usual way.

A. J. BELLOWES, M.D., of Boston, read a paper upon the use of the Silico-fluoride of Calcium in certain forms of Scrofula, especially Goitre, and other enlargements of the glands of the neck. This substance is a dry, permanent, impalpable powder, and consists of silica 15, calcium 14.70, fluorine 55.26, and water 15 parts. He had given the medicine to at least forty different patients, and carefully watched its effects in all important cases ;

and whenever it had disappointed him, as it sometimes had, he had found, on review, either a mistake in diagnosis, or an error in the dilution or administration of the remedy.

WILLIAM KNIGHT, M.D., of Marlborough, reported two cases of Biliary Calculi, promptly relieved by China 1, taken every three hours.

The paper read by Dr. Bellows, and the report of Dr. Knight, were, on motion, referred to the Committee on Publication.

OTIS CLAPP, Esq., of Boston, was introduced to the Society, and read a paper explanatory of the conditions and prospects of the Hahnemann Life Insurance Company, of Cleveland, O., of which he had been appointed agent for New England. Before accepting the agency, he went to Cleveland on invitation of the President of said company, and made a thorough examination of the foundations upon which it is based, and satisfied himself that the company is exactly what it purports to be. It appeals for support only to the patrons of Homœopathy. It is the pioneer company in the United States. Its Secretary is an energetic and untiring manager, and holds a proud position among the most intelligent and reliable life underwriters in the country.

H. L. CHASE, M.D., of Cambridge, chairman of the Committee on the Materia Medica, reported the doings of said committee, inclusive of a proving of *Artemisia abrotanum*, by Dr. A. M. Cushing, of Lynn. (AR. II.)

On motion of E. P. SCALES, M.D., of Newton Corner, it was voted, that the editor of the "New England Medical Gazette" shall have the privilege of pub-

lishing any papers presented to this Society, or in its archives.

E. U. JONES, M.D., of Taunton, chairman of the Committee on Clinical Medicine, read a partial report, which was, on motion, accepted.

At one o'clock, P.M., the Society adjourned to the Social Hall, and partook of a bountiful collation provided by the Committee of Arrangements.

AFTERNOON SESSION.

AT half-past two o'clock, P.M., the Society re-assembled.

S. M. CATE, M.D., of Salem, made a report of the Committee on Publication.

A volume of at least 500 pages, composed of essays, papers, and transactions of the Society, will soon be published, and distributed to the members.

With the view to preserve in enduring and available form much valuable accumulated materials, and to connect the infancy of homœopathy with its present maturity, and to show its beginning and its progress to the present time in Massachusetts, the Committee on Publication have carefully examined the records of the proceedings of the homœopathic societies of Massachusetts, under their several names, up to the date of the incorporation of the Massachusetts Homœopathic Medical Society, — embracing the period from 1840 to 1856, — and carefully selected such communications, papers, clinical experiences, and items of history, as it thought would be of interest and value to the homœopathic profession.

This material the Committee desire and hope to be

able to publish by subscription. It will make a volume of several hundred pages, and it is proposed to publish it in style uniform with the volume of proceedings of the Massachusetts Homœopathic Medical Society now in the hands of the printer, and to call it Volume I., — the volume of the proceedings of the Massachusetts Homœopathic Medical Society, now in press, to be called Volume II. The report of the Committee was accepted.

TYPHOID FEVER.

The President announced *Typhoid Fever* as the subject for discussion.

DANIEL HOLT, M.D., of Lowell, said that he did not know how the Society regarded typhoid fever, — whether it should be considered identical with typhus fever, or as a distinct disease. He thought this immaterial, however, the point being to select and apply remedies, corresponding, homœopathically, to the various phases of the sickness. He believed that epidemic fever had one cause. When fever prevails in any particular locality, though the eruption and other symptoms may be dissimilar, it is safe to assume that the fever proceeds from the same cause. Typhoid is more variable in its symptoms than almost any other fever. Allopaths have taken the ground that it is a self-limited disease, and cannot be abridged by treatment. He disbelieved this theory, and thought remedies properly chosen were efficacious to modify and limit the disease.

He related cases in which Belladonna, Capsicum, and Mercurius, corresponding to special symptoms, had been

given with striking effect; but he generally administered *Bryonia* in the incipient stage. Later, when sweating becomes a prominent symptom, he gives *Mercurius*; and in a more advanced stage, when dry mouth, black lips, and diarrhœa become special features of the disease, he relies upon *Rhus tox.* and *Arsenicum*. In the stage of exhaustion, or sinking condition, he gives generous diet.

DAVID THAYER, M.D., of Boston, said he thought it a waste of brains to discuss distinctions between typhus and typhoid fevers. He regarded them as the same, only different in degree. Typhoid fever is a comparatively rare disease in Boston; and in the country, where the fever chiefly prevails, it results oftener from a foul, damp state of cellars than from any other cause. When called to cases of typhoid fever in the country, he examines the cellar, and, finding it damp, or filled with the odors of decaying vegetables, has it dried by fire, fumigated with smoke, &c. He thinks the foul air of a cellar often pervades a whole house, and acts as a poison to persons in a state of exhaustion.

N. R. MORSE, M.D., of Salem, suggested that the explanation of the preference of typhoid fever for country localities might be found in the fact, that, in the country, families usually live and sleep on the first floor of their dwellings, while in the cities they generally live and sleep on the second and upper floors.

Dr. HOLT thought that the cause might possibly be found in the imperfect sewerage of the country,—the common habit of flowing the waste water of sinks and the drainings of privies into gardens, &c.

T. R. NUTE, M.D., of Roxbury, said that the origin of typhoid fever was generally supposed to be miasma floating in the air; and that, however defined and classified, it was, after all, a continued fever, having an ordinary duration of five weeks in its aggravated form, and of three weeks in its mild form.

L. G. LOWE, M.D., of Bridgewater, related his observation of typhoid fever in the army hospitals. It was generally traced to exposure on the damp ground. He had seen but little typhoid fever in his own practice, but a good deal of typhoid dysentery. In one case, his patient craved watermelon, which he allowed, and the patient made a good recovery.

E. P. SCALES, M.D., of Newton Corner, had known the fever to prevail in a high, dry locality, away from all known sources of origin.

SAMUEL GREGG, M.D., of Boston, thought, that, when typhoid fever was developed, there existed in the system a predisposing cause; while imprudences, such as sitting upon the damp ground, improper eating, &c., could be the exciting cause. He thought the fever might be often modified and abridged by homœopathic treatment. In the early stage, by proper treatment, it will often be so modified as to run a mild course. He does not regard it as a self-limited disease, in an unqualified sense.

GILES PEASE, M.D., of Boston, said that when practising in the country, some years ago, he had six consecutive cases of typhoid fever in one house. On examining the cellar, he found vegetables there in a state of decay, air foul, &c. The patients slept in damp rooms, on the lower floor of the house. He found that Bryonia and

Rhus were indicated oftener than other remedies in this disease.

LEVI PIERCE, M.D., of Charlestown, remarked that when practising in a high mountainous region in New Hampshire, some years since, the typhoid fever prevailed there one season with great fatality; but, during several subsequent years in the same locality, it was scarcely known at all.

T. S. SCALES, M.D., of Woburn, said that he had been in the habit, latterly, of giving Baptisia in tincture or dilution, according to the susceptibility of the patient, in all cases of fever corresponding to incipient typhoid, and had almost invariably found it efficacious in arresting the fever.

J. H. GALLINGER, M.D., of Concord, N.H., said that typhoid fever was a very prevalent disease in New Hampshire. More than fifty per cent of the cases that he had attended during the last year occurred in high, dry localities, and light, well-ventilated dwellings. He had found Aconite tincture, five or six drops in half a tumblerful of water, an efficient remedy in the early stage of the fever. If Aconite failed to cut short the disease, he usually followed it with Bryonia. Diarrhœa had been quite a constant symptom in the early stage of the fever, and had not yielded readily to the usual remedies. He considered that there was a marked distinction between typhoid and typhus fever.

S. M. CATE, M.D., of Salem, remarked, that, in those cases in which the disease seemed especially to impress some particular organ of the system, he had been in the habit of addressing treatment to that special feature of

the disease, and, on removing that, he had found the disease usually to run a mild course. Unless the fever was interrupted during the first week, it usually continued three or four weeks.

I. T. TALBOT, M.D., of Boston, stated that a large proportion of the cases of typhoid fever that he had seen originated out of town, and related the history and treatment of two interesting cases, one of which, on the forty-second day of its duration, was rallied to convalescence by the application of the cold pack.

Dr. THAYER related a case of typhoid fever in which epistaxis was a troublesome and alarming symptom, occurring almost daily. The epistaxis was finally arrested by *Carbo vegetabilis* 3, which he has since uniformly found efficacious in the same affection, from whatever cause.

J. G. W. PIKE, M.D., of Boston, stated that he had been for years subject to attacks of profuse epistaxis, of which he thought he had been permanently relieved by the use of *Carbo veg.*, which was suggested to him by Dr. Thayer.

The President, Dr. CATE, read a slip from a Worcester paper, announcing the formation of a Homœopathic County Society for the County of Worcester.

Dr. TALBOT announced that a Homœopathic Society had been recently organized in the County of Bristol, making three local homœopathic societies in Massachusetts.

H. C. ANGELL, M.D., of Boston, moved that a committee of five be appointed by the Chair to consider the propriety of forming a New-England Homœopathic Medical Society.

The motion was seconded and adopted; and the Chair appointed the following persons to serve as said committee, viz. : —

Drs. H. C. Angell, Samuel Gregg, L. Macfarland, of Boston; W. F. Jackson, of Roxbury; and Daniel Holt, of Lowell.

This was the largest semi-annual meeting of the Society ever held, — some seventy members being in attendance.

At six o'clock, P.M., the Society, on motion, adjourned.

L. MACFARLAND,

Recording Secretary.

I.

HYPODERMIC INJECTIONS FOLLOWED BY TEMPORARY INSANITY.

BY FRANCIS H. KREBS, M.D., BOSTON.

ON July 12, 1865, I was called to see the wife of Captain F., who had been sick several days. The husband gave me the following history of the case:—

“On the 4th of July, my wife and I went on the Common to hear the concert. We had been there only a short time, when she felt very faint, and I had to take her home as soon as I could. On reaching the house, she appeared very weak and lifeless.

“I gave her some simple medicines, but she continued to grow worse, complaining of severe pain all over her body. She also suffered from constipation and vomiting, and could neither eat nor sleep.

“I sent for a doctor on the 6th, who, after examination, called her disease ‘neuralgia, with general affection of the nerves.’ He said that internal medicines would be of little use in her case; but he would inject some medicine into her arm, which would relieve her. He also ordered a cathartic and an opiate internally. He used the injection in the arm; and, three hours after, my wife fell asleep; but it was the most unnatural sleep I have ever seen,—her hands twitched, she kept picking the bed-clothes, and seemed to be in great distress.

“This condition lasted for fourteen hours. On waking, she was free from pain, but complained of a queer feeling all over; and, in one hour from that time, she had a fit, which lasted twenty minutes. Her eyes protruded from their sockets; the head was drawn back-

ward; and, at times, she would raise herself up in bed, and tremble like a leaf. She remained, throughout this attack, senseless and speechless.

"On the morning of July 7, she had another convulsion, which was not as severe as the first, and was of shorter duration; but it left her in an unconscious state. She was quite crazy, violent, and malicious. She remained in this condition up to July 10, when the doctor thought that it would be advisable to have a consultation. Another physician was called, who, after due deliberation and consultation, advised the repetition of the subcutaneous injection.

"This injection was administered at one o'clock, P.M.; and, soon after, my wife commenced to pick and tear things to pieces; and remained in an exceedingly restless state until five o'clock, when she fell asleep for a short time. On waking, she tried to tear herself to pieces. She would seize, with great force, her abdomen, her breasts, her ears, and could only be prevented from hurting herself by the utmost strength of myself and friends.

"She remained in this lamentable state until the next day, when, after another consultation, the doctors decided to send her to an insane asylum, where, as they said, she could be treated for her mind, which they considered entirely deranged; furthermore, they did not think that she ever could recover, unless she was removed to the asylum.

"Accordingly, the papers have been made out, and this afternoon is appointed as the time for her removal."

Under these circumstances, I was called to see the patient, and was requested to give my opinion as to whether it would be necessary to remove her to the asylum.

After listening to the above statement, and carefully examining the patient, I arrived at the conclusion, that the insanity and distress had not been produced by her original disease, but were caused by the medicines which had been injected under the skin, and that but a few days would be required for the system to rid itself of the poison. Accordingly, I advised that the patient

should remain at home. Captain F., being satisfied with my decision, requested me to take charge of her.

The patient was about thirty-five years of age, with a bilious-lymphatic temperament, dark hair, and dark-blue eyes; complexion sallow; face bloated. Her unconscious condition made it impossible to obtain correct subjective symptoms. Therefore I prescribed, according to the objective symptoms, a few pellets of Hyos. 6th, in a wine-glassful of water, a teaspoonful to be given every three hours; I also left some Ars. 12th, in case consciousness and the pain should return.

At half-past eight o'clock, P.M., I was summoned in great haste. The man who called me said that Mrs. F. was having another fit; but, before I could reach the house, she had come out of it. This attack had been very short and less severe. In other respects, she remained about the same. I made no change in the medicine.

July 13.—The patient has had some natural sleep, and she is able to utter a few unconnected sentences; her countenance is indicative of pain. I omitted Hyos., and substituted Arsenicum.

July 14.—The patient has had a tolerably good night; her reason is gradually returning, although her mind is still cloudy. When questioned about her feelings, she said that pieces of glass were traversing her body, and that her abdomen was filled with coagulated blood, which she wanted me to remove. She also imagined that her windpipe had been cut, and one of her eyes torn out, and many other fantastic illusions. No change was made in the medicine.

July 16.—Her reason has completely returned. She complains of nothing except pain in the abdomen, and a general lame feeling. As this pain had previously existed, I inquired as to its origin and probable cause. She said, that, when she was about twelve years old, she was run over and stepped upon by a cow, and that she had suffered pain in that identical spot (pointing to the umbilical region) at intervals, ever since. On examination, I could detect nothing abnormal.

I omitted the *Ars.*, and prescribed *Arnica* 12th, one drop in a wine-glassful of water, a teaspoonful to be taken every four hours.

July 18.—Steadily improving, and the same medicine was continued.

July 21.—I found the patient convalescent, and discontinued my visits.

REMARKS.—This case shows sufficiently the folly of prescribing in sickness, drugs which have not been repeatedly tried on the healthy human organism. In addition to the above case, I have known of two others, in which the subcutaneous injections were productive of direct harm.

There exists always in the community a morbid susceptibility for every thing new, whether it contains any truth or not; a constant hunting for bubbles, while plain truth, which is near at hand, is disregarded. This is especially the case with whatever appertains to medicine. Even physicians are guilty of this in resorting to hypodermic injection, with less knowledge of it than the Chinese and Japanese doctors had of acupuncture. Before operating on a living patient, they first practised

for a long time on the *Tsac-Bosi*, an image of a priest, covered with small holes and hieroglyphics, indicating the places and manner of using the needles and moxas, which, though then so generally in favor, have since, like other trash, passed into oblivion.

I do not mean to say that subcutaneous injections must be placed in the same category with acupuncture. Several physicians (Dr. Woodbury among others) have reported to this Society a number of cases which have been treated successfully by this method. But there is no question in my mind, that the treatment in these cases could have been equally successful with homœopathic medicines given internally.

The April number of the "Journal of Obstetrics," published in Berlin, reports a case where injections under the skin of one-fortieth of a grain of Atropine had been of great benefit in irregular, spasmodic contractions of the uterus during labor. In this case, the os uteri commenced to dilate after the first injection, and labor was finished after a comparatively short time. The author advises a repetition of the injection, if, after three or four hours, the desired result has not been reached. He also endeavors to show that the effect of Atropine upon the womb is similar to that which it produces upon the iris.

This success with the Atropine may be very gratifying to old-school physicians, but not so to homœopathists; for the latter are equally, or even more, successful by selecting the proper medicine, which they will generally find among the following: *Coff.*, *Nux v.*, *Bell.*, *Puls.*, *Cauloph.*, &c.

From a homœopathic point of view, we cannot adopt such methods until the various medicines have been tried according to the precepts of the great founder of homœopathy. Then, and then only, may we expect to make an intelligent use of them. From the well-known fact that animal poisons injected under the skin are much more active and virulent in their effects than when taken into the stomach, it is possible, that, if experiments on healthy persons were thus instituted, and the effects recorded with accuracy, they might in this manner prove useful agents in cases which have not yet been reached in the usual way.

It is the duty of the physician not to complicate diseases by administering drugs hypodermically, or otherwise, to stupefy his patient ; for, by so doing, he loses the chance for a correct diagnosis, and is obliged to treat the case similarly to other practitioners, who are outside of homœopathy: where science, as far as the application of medicines is concerned, becomes a matter of mere guess-work.

II.

PROVING OF ARTEMISIA ABROTANUM.

BY A. M. CUSHING, M.D., OF LYNN.

ARTEMISIA ABROTANUM, commonly known as Southern wood, is a low fragrant shrub with finely divided leaves, and is a native of Southern Europe and Asia Minor, but quite common in our gardens.

The drug used in this proving was a tincture made three or four years ago, by pouring pure alcohol on the fresh plant.

The prover was well, but subject to a papillary eruption on the lower limbs, which itches so much on going to bed, that he frequently scratches it until it bleeds. The bowels have been habitually loose for years, and are worse after eating fruit. The appetite is invariably good.

1866, Feb. 6. — At half past ten, P.M., took six drops. In five minutes, the head felt as if squeezed on the temporal regions. Slight nausea, with eructation of large quantities of flatus, tasting strongly of the plant.

7th. — At twenty-five minutes before eleven, P.M., took eight drops.

8th. — At half-past ten, P.M., took fifteen drops.

9th. — At two, P.M., felt a hurried desire to urinate after stool. At half-past ten, P.M., took fifteen drops.

10th. — At eleven, P.M., took twenty drops. Had frightful dreams ; awoke frightened and trembling.

11th. — Bowels costive for the third time in his life when well. At nine, P.M., took twenty-five drops. Had lame, aching pain on the inside of the right knee, then on the outside of the left knee.

12th, ten, P.M. — Took forty drops. Soon after taking it, had pain in the left, then the right leg, at the middle of the tibia ; also had pain and fulness of the head ; aching pain in the ankles and feet, worse on the outside of the left ankle. The old eruption feels sore, with violent pricking itching, extending to the head and arms.

13th, 14th, 15th, and 16th. — Had pain in the ankles and knees ; the feet are lame and painful.

15th and 16th. — Had a severe aching pain in both axillæ, as if a sore was forming.

16th, twenty-five minutes before twelve, P.M. — Took sixty drops. Soon after taking the medicine, heard a noise like the humming of a bee ; walked around the room to find it. When in bed, it sounded like persons talking in the distance ; on listening intently, it disappeared, but would return as he turned his mind from it. This was followed by itching, and then by darting pains in different parts of the body, most in lower lobe of both lungs, and in the legs below the knees.

17th, six, A.M. — Urgent desire for stool ; loose stool ; another at seven, A.M. Nine, A.M., seized, when riding,

with lameness and aching of left arm above the elbow on outer and under side ; arm lame all day.

17th, half-past ten, P.M. — Took fifty drops.

18th. — At nine, P.M., took one hundred drops. In ten minutes, had nausea, with pricking pain in the right side of chest, pain in the left lung, with a weak, numb feeling of arms and limbs.

19th. — Awoke in the morning with severe pain in the left temporal region, which continued all the forenoon, with a sore feeling in all the limbs, mostly in the joints ; also in the lower portion of the left lung ; mouth hot and dry ; felt sick all the forenoon, better in the open air. In the afternoon, had severe pains ; obliged to lie down ; very sleepy ; could not sleep ; not able to attend to patients. Evening, better. One, A.M., while riding, felt very severe pain in the left arm above the elbow. Frightful dreams of mad dogs, &c. On waking, was very lame, worse in back ; muscular soreness on motion, with severe pains in the back of the neck, shoulders, right side of the chest, and limbs ; the right hip was so lame as to cause limping for some time. Bowels seemed costive, with loose stool. Had severe pain all day in the side and the back of the neck, and shoulders, limbs, back, and hips ; arms and hands felt numb. A sensation, as if breathing hot air, continued for two days. In the evening, eyes smart ; pain in the left eye, could not open it for several seconds. Uncommonly poor appetite for food.

21st. — Bowels more costive than for years. Pain in the base of both lungs through the day, with darting pain in limbs and ankles ; headache ; pain in both hips, severe

in right hip and thigh. Half-past nine, P.M., natural stool.

Ten, P.M. — Prepared first dilution in water, and took five hundred drops. In half an hour, had strange pulling sensation of the muscles of the right side of the neck beneath the angle of the jaw, followed by an almost intolerable itching of a corn on the second toe of the left foot.

22d. — Bowels natural. Aching pain all day across the hips; legs and feet lame and painful. Sore tongue and mouth all day. Evening, nausea, burning, and sourness of the stomach. Ten, P.M., took one thousand drops first dilution. In five minutes, was seized with trembling all over. Nausea and sour eructations; pain just below the heart, followed by a crawling sensation and eructation; then pain and heat in bowels fifteen minutes after taking medicine. The raising of wind and trembling continue. He feels too warm in a cool room. Pulse quick; wind rushes out of right ear; watery discharge from nose; desire to urinate; pain in testicles and back. At midnight, got out of bed, and walked around the room; bowels bloated so much, it was difficult to walk or bend, and seeming as if the bowels could be kept from passing out at the anus only by keeping the legs close together. (Since this proving, he has learned that the plant was formerly a highly prized domestic remedy for suppression of the menses.) Very severe itching of corn on left foot. Restless sleep, with springing up, and constant jumping and thrashing of the arms.

23d, six, A.M. — Very urgent desire for stool; three

loose stools in the forenoon, one in the evening. Pain all day in shoulders, arms, and hips; right knee and ankle weak; very nervous; back quite lame. Very sudden pain in the legs; pain in the region of liver and kidneys, of a sick, sore, faint, inexpressible nature, very peculiar, almost amounting to fainting. Was unable to walk on the street. Felt sleepy all day; heat in the stomach; raises wind tasting of the plant. Eruption nearly all gone. Ten, P.M., bowels bloated and painful. Stomach very sour.

24th, half-past six, A.M. — Urgent desire for stool; loose stool. In the forenoon, felt weak and lame; pain in shoulders, right hand lame, so as scarcely to be used. Poor appetite. While proving the remedy, he often unconsciously dropped the reins when driving.

25th. — In the morning, the right knee was lame and painful. Seven, A.M., soft stool. Nine, A.M., stool with much straining; sensation as if it was large and indurated, though quite the reverse. Mouth dry and sore.

26th. — Restless sleep; mouth sore and dry. Half-past six, urgent call and loose stool. Back lame and painful. Eruption gone. In the evening, sore lameness of head of left fibula, so severe as to cause lameness when walking at three different times.

27th. — Had very restless night, with heat and pain at epigastrium. Natural stool; slight itching of limbs, but no eruption. In forenoon, darting pains in various parts of the body, most severe in right arm, above and near the elbow-joint. Sore mouth, with increased saliva, more in the night. Both legs lame and painful, from hips to knees; they feel very sore, but are not sore to

the touch. Appetite poor. Afternoon, pain above the right elbow. Evening, sore pain in knees, first the right, then the left; limbs very weak; right arm lame and weak. Yawning and eructation all day. Burning through right side of chest; difficult breathing. Eleven, P.M., severe sore pain just above the left elbow; both hips and legs are so lame that it is difficult to walk. Mouth quite sore, confined mostly to the gums near left upper molars.

28th. — Unrefreshing sleep; on waking, both arms and both legs and feet were very lame and painful, but relieved after motion. In half an hour, the right hand was so lame as to be useless. Chilly in a very warm room. Ten, A.M., left hand so lame, he could not sit still. Eleven, A.M., both knees lame. Half-past eleven, A.M., ankles and legs to knees so painful, he could not sit still while examining a patient. Five, P.M., heavy pain in lumbar region, extending to both testicles. Evening, both legs weak; both hands painful, and so lame as hardly to be used. The soreness of the mouth increases.

March 1. — Mouth is better; pain in both knees. Hands painful and sore all day; handle every thing with difficulty. Pain in back and testicles.

March 2. — Slept better; on waking early, *sharp pain* in left shoulder; in half an hour, pain in left elbow and right hand; severe and sore pain in both lungs. Pain in left hypocondriac region, with eructation of large quantities of flatus. Pain in right elbow all the forenoon, also darting pain in various parts of the body and limbs. Mouth, better; bowels, natural; urine, profuse.

3d. — On waking in morning, both shoulders very lame and sore. Feel as if both arms were tied to the body. In half an hour, the pain is all in the arms just above the elbow. Afternoon, pain in the back, hips, and knees. Evening, belching of large quantities of wind tasting of salt mackerel, though none has been eaten for months; cannot eat it. Pain in the bowels all night, with several stools.

4th. — Joints all sore and lame.

5th and 6th. — Improving; during proving, lay very straight in bed (usually lie with feet drawn up). A small scratch made a large sore. After proving, the old eruption returned, but was not so severe as before, and was easily cured by *Rhus tox.* 200th, and has not returned.

Mr. C., aged about fifty, is subject to rheumatism, with some heart complication; has had several rheumatic fevers. He has been confined to his bed one week with rheumatism, painful but not swollen, mostly in arms and legs, and across the chest, and worse on left side. He has taken several remedies during the week, but is no better; gave *Artemisia* 3d every hour. The next day, he was sitting up; the pain was gone the following day. Dismissed him; able to shave himself.

I have used it with benefit in other cases.

PROCEEDINGS
OF THE
ANNUAL MEETING.
1867.

PROCEEDINGS

OF THE

TWENTY-SEVENTH ANNUAL MEETING, 1867.

MORNING SESSION.

THE Society met in Meionaon Hall, Tremont Temple, Boston, on Wednesday, April 10, 1867, at ten, A.M.

The meeting was called to order by the President, S. M. CATE, M.D., of Salem.

The proceedings of the last meeting were read and approved.

The President then delivered an address ; and,

On motion of Dr. S. GREGG, the thanks of the Society were tendered to Dr. Cate, and a copy requested for publication: (ART. III.)

The Report of the Executive Committee was read and approved.

The following persons reported by the Executive Committee, were elected members:—

JOSEPH H. HAYWARD, M.D.	Taunton.
D. PACKER, M.D.	Lowell.
C. D. HERBERT, M.D.	Reading.
WILLIAM C. CUTLER, M.D.	Chelsea.
JOHN TURNER, M.D.	Boston.
J. C. W. MOORE, M.D.	Andover.
G. B. SAWTELLE, M.D.	East Boston.
G. HEBER SMITH, M.D.	Melrose.
O. D. CARGILL, M.D.	Milford.

The Report of the Treasurer, T. S. SCALES, M.D., of Woburn, was made as follows, and accepted: —

Amount of cash in the Treasury, April 11, 1866	\$435.71
" " " received from members during the year	307.00
Total	<u>\$742.71</u>

Cash paid to Publication Committee	\$300.00
" " for hall for meetings	65.00
" " for collations	67.75
" " for stationery, printing, postage, &c.	75.00
	<u>\$507.75</u>

Leaving a balance in the Treasury of \$235.00.

The Librarian, J. H. WOODBURY, M.D., of East Boston, being absent in Europe, no report was made.

F. H. KREBS, M.D., of Boston, moved that the Committee on the Library be authorized to examine the library of the late Dr. Joseph Birnstill, and, if deemed advisable, to purchase the same for the Society. Adopted.

No Report was made by the Committee on Materia Medica.

The Committee on Pharmacy, through the chairman, H. L. CHASE, M.D., of Cambridge, reported that medicines had been prepared during the year, and were for sale at the Dispensary-room, No. 3, Tremont Temple. The stock of medicines had been greatly increased, and was in good order.

The Committee on Publication, through I. T. Talbot, M.D., of Boston, reported that the publications of the Society, up to the date of the last annual meeting, would be completed in a short time. As far as the members of the committee were concerned, there had

been a great deal of hard work done, in the hope that the volume would have been completed and bound in time for this meeting. It had been in the hands of one of the best printers in the country, who had taken a great deal of pains with the volume, and had printed it clearly and handsomely. The whole work would make a volume of five hundred and seventy pages, and would probably be fully completed in the course of a fortnight, when it would be sent to the members. The Report was accepted.

The Chairman of the Committee on the Organization of a New-England Homœopathic Medical Society, through H. C. ANGELL, M.D., reported that the committee had come to no conclusion in regard to the matter.

The PRESIDENT stated that he had received a photograph of a uterine polypus, from Dr. Henry Minton, of New York, which had been removed by him. He exhibited it to the members of the Society.

On motion of Dr. GREGG, the thanks of the Society were presented to Dr. Minton for his gift.

The Committee on Clinical Medicine, E. U. JONES, M.D., of Taunton, made a report, which was referred to the Committee on Publication. (ART. IV.)

N. R. MORSE, M.D., of Salem, moved to amend the second by-law of the Society, by striking out the following words: "and shall also furnish a list of two candidates for each office of the Society for the ensuing year."

I. T. TALBOT, M.D., of Boston, rose to inform the Society of the painful and long-continued illness of one of the members, W. F. Jackson, M.D., of Roxbury.

For the last six weeks he had been lying dangerously ill. His disease commenced as rheumatism, which was followed by a very severe phlebitis of the left leg. He was happy to say, that Dr. Jackson's health had considerably improved; but it would probably still be weeks, if not months, before he could entirely recover. He offered the following resolution of condolence, which was unanimously adopted:—

“Resolved, That the members of the Massachusetts Homœopathic Medical Society learn with regret of the severe and protracted illness of their associate and former President, Dr. W. F. Jackson, and extend to him their warmest sympathies.”

H. M. PAINE, M.D., of Albany, N.Y., delegate from the New-York Society, being present, was invited to address the Society. He read a statement of the organization and success of the Atlantic Mutual Life Insurance Company, and commended it to the hearty support of members of the homœopathic school.

T. R. NUTE, M.D., of Roxbury, read a paper on the Causes and Treatment of Diseases of the Alimentary Canal; embracing an account of the cases of supposed cholera which occurred in Cambridge and Roxbury during the summer months of last year.

Adjourned till two o'clock.

The members retired to the Social Hall, and partook of a collation tendered to them by the President, Dr. Cate.

AFTERNOON SESSION.

At two o'clock, the afternoon session was opened by the delivery of the Annual Address by B. DE GERSDORFF,

M.D., of Salem; the subject of which was, "The Rise and Triumph of Homœopathy."

On motion of Dr. GREGG, the thanks of the Society were tendered to Dr. De Gersdorff for his elaborate and instructive discourse; and a copy of it was requested for publication. (ART. V.)

The Society then proceeded to the election of officers for the ensuing year. While the committee were counting the votes, DAVID THAYER, M.D., of Boston, a member of the State Legislature, made a few remarks, congratulating the Society on the prospective establishment of a medical college, a charter for which had just been granted by the Legislature. He spoke of the importance of selecting proper men to serve as trustees, and of appointing learned men to professorships.

The thanks of the Society were given to Dr. Thayer for his successful efforts in behalf of the college.

Dr. TALBOT, of Boston, read a letter from W. S. Searle, M.D., of Troy, N.Y., in regard to the disease known as the prairie itch, which was spoken of as similar in character to all other diseases under the common name of itch, but he did not consider it contagious. The remedy he had found most efficacious in this disease, and which he wished to recommend to the profession for trial, was *Rumex crispus*, the pathogenetic symptoms of which correspond to this disease.

A. J. BELLOWS, M.D., of Boston, read a paper reviewing Governor Andrew's argument before the License Committee of the Massachusetts Legislature; the fallacy of which, he argued, was in attempting to prove that alcohol is not poisonous. He dissented entirely

from the views offered by Governor Andrew, and introduced evidence and opinions from various sources in controversion of the argument advanced by him.

The following were elected officers for the ensuing year:—

<i>President.</i>	
I. T. TALBOT, M.D.	BOSTON.
<i>Vice-Presidents.</i>	
H. L. CHASE, M.D.	CAMBRIDGE.
CONRAD WESSELHOEFT, M.D.	HARRISON SQUARE.
<i>Corresponding Secretary.</i>	
C. H. FARNSWORTH, M.D.	EAST CAMBRIDGE.
<i>Recording Secretary.</i>	
L. MACFARLAND, M.D.	BOSTON.
<i>Treasurer.</i>	
T. S. SCALES, M.D.	WOBURN.
<i>Librarian.</i>	
SULLIVAN WHITNEY, M.D.	NEWTONVILLE.
<i>Censors.</i>	
S. M. CATE, M.D.	SALEM.
J. P. PAINE, M.D.	ROXBURY.
J. HEDENBERG, M.D.	MEDFORD.
H. C. ANGELL, M.D.	BOSTON.
MILTON FULLER, M.D.	BOSTON.

A discussion took place in regard to the symptoms and treatment of gall-stones, in which Drs. THAYER, GREGG, SWAZEY, and others, took part.

Dr. TALBOT, of Boston, referred to an article in the "Medical Gazette," on the Treatment of Adherent Mucous Surfaces. He gave an interesting account of a subsequent case of congenital occlusion of the urethra in a male child, through nearly its entire extent, which came under his care, and of its successful treatment by forcibly separating the adherent mucous surfaces.

Dr. RODMAN, of Connecticut, spoke of the favorable progress of homœopathic science in that State.

On motion of Dr. THAYER, of Boston, it was voted, that the Secretary be instructed to record the present as the twenty-seventh annual meeting of the Society; it having existed since 1840, though for several years it was known as the Massachusetts Homœopathic Fraternity.

Some discussion ensued in regard to the appointment of delegates to the meeting of the American Institute of Homœopathy, to be held at New York in June; and it was finally voted to refer the whole matter to the Executive Committee.

A vote of thanks was passed to the retiring officers. The Society then adjourned.

L. MACFARLAND,

Recording Secretary

III.

ADDRESS OF THE PRESIDENT,

S. M. CATE, M.D., OF SALEM.

GENTLEMEN OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY :—

ALLOW me to congratulate you upon the interest in our Society, evinced by the goodly number present at this our annual meeting. That this interest is shared by our professional brethren of other States, is shown by the delegations present, and which we are always glad to welcome. May the bonds which unite us, ever receive renewed enlargement and strength!

The present number of members of our Society is one hundred and twelve. The reports of the different committees will show an excellent working condition and encouraging prospects.

During the past year, an important step has been taken for the advancement of our science. Application was made to the Legislature of our State, at its present session, for a charter for a Homœopathic Medical College, to be located in Boston. The bill for such a charter received the unanimous approval of the Committee on Education, who reported it to the House,

through which it passed unopposed. But the Faculty of the Medical Department of Harvard University, backed by other influential physicians of that school, made their appearance in the Senate Chamber, determined on its defeat. No proper cause for their attack was obvious. It was an outrage of the rights of both homœopathic practitioners and patients. It seems as if that Faculty claims that the right to teach anatomy, physiology, surgery, obstetrics, the history and course of disease, the use and properties of medicines, and other kindred branches, is vested exclusively in them. Hence, every effort was made to kill the bill outright ; but, finding their efforts useless in this direction, they endeavored to have a clause inserted in the charter, limiting the degrees to be conferred under it. But in this, too, they signally failed ; and a charter, as liberal as its friends asked for, was freely granted.

The genius of our country and of the age forbids the granting of monopolies. All are alike free to enter every field of usefulness. No class can claim exclusive ownership of any portion of the domain of human thought, or set up a monopoly in any sphere of labor. The mind is capable of acquiring a great variety and extent of knowledge. Some kinds are obtained only through experience, by living and doing the duties of life ; but others are acquired through books and teachers. One set of teachers imparts knowledge of one grade, another something a little higher, and in this manner is the mind developed and adorned. During this process, the mind continues to receive new additions of knowledge, and that culture and training which gives

it increased power. The truths which, with some, are only received into the mind, are, with others, taken up by the rational faculties, analyzed, and brought to their proper relation with other truths. Each person has certain inherent powers and capacities of mind peculiar to himself, and which form the foundation for future acquirements.

The various branches of literary culture are free to all. Any one has the right to go as far, or beyond, the explorations of those who have preceded him. The study of science is as free as that of letters. If we take one of the sciences that has received the most careful investigation, and go over all that is known respecting it, that which we acquire opens glimpses of many things beyond our reach. Here and there, in the field of science, teachers and cultivators have raised their standards in an imaginary manner, and seem to think that all knowledge lies within the bounds of their present investigations. But, if they could actually rise to some elevation of thought, they would discover that all around them and unknown are innumerable things pertaining to their scientific researches.

The teacher sells those mental wares that serve to develop and furnish the mind, and the scholar goes to the teacher to buy. With a proper transfer and payment, the transaction is so far completed as to give the scholar full right to all he receives. Goods, fairly sold, are beyond the control of the seller. Here and there, the teachers of science have acted upon the principle that the most retrograde step was the most progressive; and that to bind men to the comparative darkness of the

past, was to light them on towards the improvements and discoveries of the future.

The Maine Medical School furnishes us an exact illustration. For years, it has adopted a standing regulation, published in its annual circular, refusing to examine any candidate for graduation who does not adhere to time-honored usages in the practice of medicine. In monarchical Europe are found teachers of science who have attempted to punish their pupils for endeavoring to gain further knowledge in addition to what their schools supply, by cancelling their testimonials of actual proficiency. Thus, some medical schools, under the protection of British law, have endeavored to revoke the diplomas of those who should attempt to gain more extended and accurate knowledge of the use of medicines than was taught by them. This was setting up the modest claim of imparting the full scope of human knowledge in their department ; and also the astonishing morality, of their right to confiscate the mental wares which they had sold, and for which they have received payment in full.

But man must rise to a higher view of the scientific field ; must look over its broad expanse, and rejoice to see men pushing out beyond the circle of former occupation, or re-exploring what is not far from the common stand-point.

It is thus that knowledge is to be increased, and made more accurate and available. Scientific knowledge is to the mind what tools are to the hands. The more perfect the variety and adaptation of such knowledge to the duties of life, the greater will be the success which

the mind may achieve by its use. Not all hands are equally apt and expert in the use of implements of manual labor; neither are all minds equally successful in applying a given amount of knowledge to the business of life: but the success of those who have equal aptness must be proportioned to the quality of their mental furnishings.

In this view, it is a matter of congratulation that we have in prospect, in New England, a Homœopathic Medical College. It will cultivate branches of knowledge unknown to allopathic institutions. Every member of this Society will, without doubt, lend his best efforts to the work of establishing it on a broad and firm basis; and it is hoped, that no very long time will elapse before it will rise to its full measure of usefulness.

The end of our organized effort as a Society, and of our individual labors in the practice of our profession, is the advancement of medical science. To enlarge its boundaries and perfect its cultivation is a work which we all love. Less than sixty years have elapsed since Hahnemann first put the law, *Similia similibus curantur*, before the scientific world, and began to reduce it to practice.

At that time, the action of medicines upon the healthy organism was known only in fragments, through cases of poisoning and from accidents. To ascertain the full series of symptoms that any drug could produce upon the healthy body was a new idea. But, before the true law of cure could be brought into a practical form, provings of a large part of the existing *materia medica*

were required. The magnitude of this task was no discouragement to the undaunted spirit of Hahnemann, and the work was at once commenced. The amount and value of the labor accomplished by him and his immediate followers is truly astonishing to us at this day. The provings which he made have been the basis of the homœopathic practice all over the world.

But in a work of such large proportions, so hastily accomplished, it could not be but that many errors should enter. Hence all these provings need revision. This has already been well begun. The result of the provings of opium (published in the "British Journal of Homœopathy" for 1866) illustrates the great need there still is for a similar work upon many other remedies. When this shall have been accomplished, there will remain the still further work of re-proving and adding other reliable symptoms. Again, there are many valuable medical agents that are wholly unproved, and which demand our careful investigation. To accomplish all this will require our united labor for many years.

The question as to the most suitable dose of medicine is yet to be settled. Much labor must be performed before rules on this subject, of any considerable degree of reliability, can be reached. In order to attain these, clinical experience must be carefully elaborated, and long and varied series of experiments, classifications, and revisions will be necessary.

In view of all these labors before us, who shall excuse himself from some share in some department during each working-day of his life? I know that the cares

and labors demanded by the sick often leave little time or strength for these things; but we ought to so utilize all that we have as to be sure of doing our full duty.

Since our last annual meeting, medical societies have been formed in Worcester and Bristol Counties. Other counties need such organizations, and I trust will have them before long. There is much work for them, and we look for an early beginning. In all the various labors before us, local organizations, which secure frequent communication and mutual co-operation between their members, tend to keep attention fixed upon any enterprise while it is in hand. Will our medical brethren foster their local organizations, so that, at our next annual meeting, each county may report at least one of this character?

It is made my duty to notice the decease of members during the past year. One of our corresponding members, E. C. WITHERILL, M.D., of Cincinnati, died of cholera in that city, Oct. 30, 1866. From an obituary notice in the "American Homœopathist," I learn that he was born in New Hampshire; but, at the age of nine, emigrated with his parents to Auburn, N.Y. He received his early education from the public and private schools in that place. At sixteen, he made a voyage to Liverpool, which seemed to cure him of a strong desire for a mariner's life. On his return, his time was employed in teaching in public schools and in the study of medicine. He attended a single term of the Medical College of Geneva, N.Y., but continued his studies and received his diploma from a medical school in New-York City. After a successful practice of his profession in Auburn,

he removed to Canandaigua, N.Y., where he remained until he was invited to the chair of Anatomy and Physiology in the Homœopathic Medical College at Cleveland, Ohio. He accepted this position; and, before entering upon its active duties, he spent considerable time in the hospitals of London and Paris. Finding the active practice of his profession more congenial to his taste than the duties of his professorship, he resigned his chair after a brief term of service, and removed to Cincinnati, where he held an enviable rank in the profession.

Dr. Witherill possessed many excellent qualities of mind. He had very good analytical powers, which he applied with laborious perseverance. His faithfulness led him to the examination of each case brought under his professional notice. No matter what the difficulties, or the length of time consumed, the case was thoroughly examined, and he seldom failed to obtain a correct opinion of it. In the sick-room, though decided and resolute, none was ever more kind and considerate. Many a sufferer will long remember the kind words spoken by him. He was self-forgetful to the last degree. Had he been less so, he would not have neglected his own physical infirmities until he was beyond the reach of medical aid.

MILTON BERRY, M.D., died at Andover, Mass., Dec. 15, 1866. He was born at Middleton, Mass., June 10, 1829, and graduated from Dartmouth Medical College in 1853. He commenced his medical practice in Reading, and was the first practitioner of the homœopathic

school in that town. With strong feelings of self-reliance, and implicit faith in the homœopathic law of cure, he soon succeeded in establishing a good business there. He afterwards removed to Andover, hoping for a wider range of usefulness from a larger field, in which he was not disappointed. His merits as a physician were well appreciated by the people of Andover and vicinity; and he continued in the laborious discharge of his duty until he was attacked with typhoid fever, of which he died.

It was not my lot to have an intimate acquaintance with Dr. Berry, and I have failed to obtain material for an accurate or extended notice of him. But I am warranted in saying, that he was a man of warm feelings, who entered heartily into the interests and difficulties of his patients. All who employed him felt that they received his most full and willing service. His genial nature attracted warm and lasting friends. As a physician, though somewhat eclectic in his tastes, he always kept the interest of his patients in view, so that every means at his command was used for their good. Thus, though he was a homœopathic physician in good standing among us, he did not feel so fully bound to the use of the homœopathic remedies as to exclude the use of any auxiliary means which he thought likely to benefit his patients. By his decease, our Society loses an exemplary member, and the people of Andover a kind and successful physician.

In conclusion, you will allow me to congratulate you upon the brevity of our mortuary list for the past year.

Physicians are peculiarly exposed to hazard from infectious and malarious influences, which their constitutions are less able to resist, in consequence of a wearing and laborious life. But, amid the various dangers that beset our steps, we have a goodly number of members among us, whose heads show the frostings of many winters, and who still greet us at our annual gathering, and assist us in our professional work. To that kind Providence that has thus watched over us individually, which also has guarded and protected the tender growth of our system of medical practice, may we look for a continuance of our blessings; hoping that for many a future anniversary these well-known faces will still be seen among us, while new ones may every year add increased interest and power to the cause we all love.

IV.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

BY E. U. JONES, M.D., OF TAUNTON.

In answer to circulars sent out by your Committee, communications have been received from sixteen physicians, from which the following facts and cases have been gathered, —

Whole number of cases reported during the past year . . . 5,811
 Number of deaths 52
 Ratio of mortality less than009
 Classified as follows: —

Cholera infantum	1	Hydrothorax	1
Old age	6	Cancer	1
Scarlatina maligna	1	Cancer of Breast	1
Diphtheria	2	Cancer of Œsophagus	1
Typhoid fever	2	Dysentery	1
Marasmus	2	Meningitis	1
Phthisis	12	Masturbation	1
Convulsions, infantile	1	Hepatitis	2
Hydrocephalus	2	Apoplexy	1
Pneumonia	1		

40 in all.

The causes of death of the remaining twelve cases reported were not given. It will be noticed that three-tenths of these cases were of consumption, and three-

twentieths of old age. Had these been omitted from the ratio, it would then stand, — Ratio of mortality to cases treated, one-half of 1 per cent. If the members of this Society would so keep their records that they could render an accurate report on this one point for several consecutive years, a very important fact would be established.

A number of cases of cures by single remedies were reported, from which we condense the following groups of symptoms: —

Bryonia. — Pains at times dull and heavy, at others sharp, and darting through *left* lung; with soreness of chest, and feeling as if a band were tied around chest; expectoration slight, of frothy mucus; pulse quick, and in some cases feeble. Attenuation 2000th, two cases. — *Dr. A. M. Cushing, Lynn.*

Tartar emetic. — In epidemic INFLUENZA. Particular symptoms: unusual oppression of chest; feeble and rapid pulse; short, difficult breathing, and rattling of mucus. — *Dr. William Pearson, South-Hadley Falls.*

Baptisia. — FEVER. Rigors; headache; pain in back and limbs; tongue thinly coated, brown or dirty white; breath offensive; feeling of fatigue, with strong disinclination to any exertion; unrefreshing sleep, filled with troubled dreams. — *Dr. T. S. Scales, Woburn.* TYPHOID DYSENTERY, where the evacuations were offensive, mucopurulent, and occasionally bloody. DIPHTHERIA: hot skin, great debility, and offensive breath, Dil. 1st, 2d, and 3d. — *Dr. Cushing.*

Arsenicum. — CHRONIC DIARRHŒA for four years; four to six evacuations daily; stool greenish, yellow, soft;

worse after dinner ; bowels bloated ; great thirst, drinking much when eating ; burning heat of skin, greater as the stools are more numerous. Dil. 6000th, one dose. In seven days, reports only one natural movement a day. — *Dr. Cushing.*

Iris versicolor. — Sharp pain in region of navel ; more or less headache ; offensive breath ; diarrhœa, with nausea and occasional vomiting. Dil. 1st. Many cases. — *Dr. T. S. Scales, Woburn.*

Cannabis indica. — Painless, yellow diarrhœa ; hard, dry cough ; marasmus ; excessive thirst, which a single swallow of water quenched. — *Dr. G. M. Pease, Boston.*

Hyosciamus. — FEVER. Troubled dreams ; moaning or talking in sleep ; *wakes bewildered*, — worse at night. — *Dr. T. S. Scales.*

Sulphur. — HEADACHE. Fulness in forehead, with stitches in temple ; pain wakes him from sleep about four, A.M. ; appetite poor ; mouth tastes badly in morning ; constipation. Dil. 200th, one dose cured a case of four months' standing. — *Dr. Cushing.* DIARRHŒA : evacuations thin, yellow, and occur early in the morning or latter part of night, with colic. Several cases. Dil. 200th. — *Dr. C. Wesselhoeft.*

Viola tricolor. — Eruption on head, face, hands, and different parts of body, in a child aged six and one-half years. Hair constantly filled with scabs, and stiff with matter ; face very red, cracked, bleeding easily, covered with sores and scabs, from which oozed thick, light-colored pus, or water ; eyelids swollen, and eyes nearly closed. Dil. 3d dec. Cure in one month. — *Dr. Cushing.*

Artemisia abrotanum. — RHEUMATISM with or without fever, with great pain and soreness; muscular or articular; pain worse on motion; *but without swelling*. Speedy cures. Dil. 1st, 3d, and 200th. — *Dr. Cushing*.

Spigelia. — INFLUENZA, characterized by pain in and behind right eye. Yielded readily to the 3d dil. — *Dr. Cushing*.

Cactus grandiflorus. — Patient found sitting in a chair, in a semi-conscious state; severe dyspnœa; face red; eyes suffused and watery; extremities ice-cold; pulse feeble and irregular; pulsations of heart violent, irregular, fluttering, and could be heard when standing near him. Dil. 30th. Relieved in five minutes. A subsequent examination showed *hypertrophy of the whole heart*, especially of the left ventricle. By a continuance of Cactus, he has very much improved. — *Dr. F. H. Krebs, Boston*.

Gelsemium. — Cases of cerebral or hepatic CONGESTION, pain in the head, &c., *with large pupils*. — *Dr. T. S. Scales*.

Caulophyllum. — DYSMENORRHŒA, with heaviness and tension in hypogastric region. — *Dr. Pearson*.

Xanthoxylum has been found efficacious in many cases of DYSMENORRHŒA, when given — four doses daily — for two or three days before the expected return of menses. — *Dr. E. P. Scales, Newton*.

Thuja. — NEURALGIA behind left ear in an old lady, which had resisted remedies for a long time. Dil. 200th. — *Dr. C. A. Cochran, Winthrop, Me.*

Nymphaea odorata. — GASTRALGIA. Has cured a number of cases. No symptoms given. — *Dr. E. P. Scales*.

From *Dr. Conrad Weselhoeft's* excellent and very full report to your Committee, we extract the following indications and cures for Diarrhœa, Dysentery, Rheumatism, and Whooping-cough: —

Calcarea carbonica. — DIARRHŒA. LARGE HEADS, with very prominent occipital development; heads thinly covered with hair; blue veins very distinct in scalp; dentition tedious and protracted; stools watery, greenish, offensive, or yellowish and sour. Dil. 200th.

Phosphorus. — DIARRHŒA. Thin, yellow, watery, with burning in abdomen, of four weeks' duration, and cured in four days.

Graphites. — DIARRHŒA, occurring morning and night; gurgling and fermentation in abdomen; drinking always caused an evacuation. Dil. 200th. Well in four days.

Trombidium. — DYSENTERY. Evacuations every fifteen minutes, dark brown, streaked with much clear blood; great tenesmus; pulse hard; tongue dry and parched. Dil. 15th.

Mercurius solubilis. — RHEUMATISM. Better in evening, worse after midnight; pulse, 112; violent thirst; profuse perspiration without relief. Dil. 200th. Improvement immediate.

Pulsatilla. — RHEUMATISM. For several nights violent, excruciating, pressing pain in deltoid muscle; cannot sit still; pain increases after dark. Cured in two hours.

Rhus. — RHEUMATISM. For a week, violent tearing pain in right shoulder and arm, after exposure to wet and cold; pain violent on motion. Bryonia ineffectual. Dil. 200th. Improvement immediate; well in four days.

Hyoscyamus. — WHOOPING-COUGH. Hollow cough at night; worse while lying down, *better while sitting up*.

Ipecacuanha. — SPASMODIC COUGH, with *nausea* and *vomiting*, oftentimes without cough; or *cough with vomiting and diarrhœa*.

Drosera. — DRY, hollow COUGH, with retching, and expectoration of yellow mucus.

Sambucus. — Like spasmodic croup; nocturnal attacks of choking, without vomiting; attacks of suffocation awake the patient from sleep.

Trifolium pratense was given empirically in several cases, and seemed to shorten the disease, — paroxysms occurring at intervals night and day, with vomiting of mucus.

Nux vomica. — COUGH occurred in the morning after rising; without expectoration, but with gagging.

Phosphorus. — COUGH occurred only in the daytime, and was dry, with little or no nausea, and only occasional vomiting.

An excellent tabular report has been received from *Dr. S. Gregg*, of Boston, and freely used.

Many very interesting cases were reported by several of the members, but which came to hand too late to be embodied in this Report; but the clinical facts presented above are valuable, and serve to show how much might be gained by our Society, if all the members would take a little pains to observe and report treatment and its results.

V.

ANNUAL ADDRESS.

BY B. DE GERSDORFF, M.D., OF SALEM.

The Rise and Triumph of Homœopathy.

I BELIEVE it is, at the present day, a generally acknowledged fact, that our earth is a moving body. Yet this has been admitted only about forty years by the learned body of councillors of the Holy Father of Rome, who, up to that time, had opposed this theory by his persevering *non possumus*. That we, the inhabitants of the earth, therefore, should be allowed to move with the earth, one might now expect; yet what is called the general progress of the human race has been always doubted and even opposed by a certain number of solemn-faced men, who are constantly comparing the wicked and brazen world of to-day with the good old times, the golden ages of the past, and who reject every new light in science as fallacious, and every new invention as dangerous.

When we inquire who these bat-like obscurants, these conservative terrorists, are, we find, to our surprise, that these men, ever admirers of the past and ever fearful of the future, are to be found, not so much among the ignorant mob or the sanguine youth, as among the very ven-

erable dignitaries in the realms of knowledge, and often taking a high rank in the learned world, in the Church, and in the State. This may seem at the first aspect strange ; but the fact is evident, and the key to it is found in human nature, which is always limited, though ever aspiring. For error never forsakes us ; but the innate longing for a higher state leads our souls slowly up to truth. The accumulated stores of knowledge of bygone ages may justly be considered the greatest inheritance of the human race. This it is which distinguishes us from all other creatures, and is making us gradually the masters of the globe. Yet it cannot be denied, that these inherited teachings of our forefathers have themselves often proved impediments to human progress in later years. Indeed, only by throwing them aside, like old garments, have we, the heirs of these treasures of the past, been enabled to make progress in our mental culture, and in our power over the elements. It has been truly said, that old laws have come down to us like inherited chronic diseases ; so that what was our forefathers' right becomes our privilege, and may become our sons' curse.

And as in the history of social and civil law, so in that of the dogmas and theories of the sciences: some of the greatest absurdities, which have been religiously revered and upheld for ages as great truths, have been exposed and annihilated in a single day, by the rejuvenating power of the human mind. Therefore we find, that superstition in religion, conservatism in politics, and doctrinal obstinacy in science, are always combated, and finally overcome, by rationalism in reli-

gion, progressive radicalism in politics, and by experimental research in science. We shall understand this still better, when we consider that progress in civilization is twofold,—moral and intellectual. To be willing to perform our duty, is the moral part; to know how to perform it, is the intellectual part. The standard of morals and of knowledge changes from generation to generation. We fondly hope and believe it is progressive, although this progress has been not inaptly compared to the apparently horizontal lines of an Archimedean spiral. What in one period of history is attacked as an extravagant heresy, is in another period welcomed as a sober truth; and, in its turn, it is replaced by some later novelty.

Moral truths remain, on the whole, stationary; the great dogmas of the moral systems of the world have undergone very little change. In comparison with these, the progressive aspect of intellectual truths is great and often startling; and none are more startled and disturbed by this progress than the doctors of the dominant schools. Their eminence, their power and influence, can only last as long as their dogmas and theories prevail; therefore they dread innovation. We know that what men wish to be true, they are inclined to believe; and to consider as improbable or impossible what they do not wish to believe. Most forcibly does this manifest itself, when the old is perishing, and the new is forming. Hope and cowardice are mingled with each other in the tenacity of faith with which we cling to the wishes of our hearts; and so much do these take the place of reason, that the earnest desire is often mistaken for sober judgment.

Moreover, we find that earnest persons — thoroughly self-convinced men — are likely to be persecutors, and this even from benevolent motives. “Why,” they exclaim, “should we permit our brethren to perish? Let us put down false teachers by the strong hand of authority.” This world-old fallacy of all bigots is succinctly illustrated in the often-quoted speech of the French princess, who said, “It is a little remarkable, that I only am always in the right.”

Considering all this, can we wonder that human progress is mainly opposed by the men who represent the governments of the State and the Church and the faculties of the schools? In fact, from these arises the greatest enemy to progress, — the so-called protective spirit, which, in politics, stifles all liberty, and, in science, all inquiry. I need not remind you, that, under absolute monarchies, all progress is blighted and dwarfed, and that a fanatical spirit of conservatism has ruined countries and kingdoms. But not less evidently is this conservatism deadening all progress in the scientific world. Examples are numerous. The Academy of Sciences at Paris, in the present century, when consulted by Napoleon I. on the subject of steamboats, gave the verdict: “It is a mad notion, a gross delusion, an absurdity!” Men of science, when the first specimen of anthracite coal from Pennsylvania was laid before them as a proposed fuel, expressed the opinion, that, in the final conflagration, this article would probably be the last to ignite. The same spirit persecuted the men of new thought, the great inventors, the men whose memories are cherished at the present day. It was well

said, that the man who invented the telescope, and first saw heaven, was paid with a dungeon ; and the inventor of the microscope, who first saw earth, died in exile, of starvation.

That the history of medicine offers ample proof of the truth of the foregoing remarks, I think you will readily admit. Indeed, its pages show such a checkered field of human error battling with wisdom, the blindness of ignorance with the light of science, superstition and absurd dogmatism with common sense, that the diligent explorer almost despairs of finding any upward progress from century to century. The various absurdities of our forefathers in the art of healing would be ludicrous, did we not reflect that it was human life with which they solemnly trifled. Think of the times when priest and physician were represented in one person ; the times when the people believed in daily miracles, and when, therefore, wonder-workers were always found at the people's call ; the times when every epidemic or plague was considered a divine scourge and a punishment for the sins of the human race, and that, therefore, they were to be arrested only by public prayers and processions ! Think of the still more doleful influence which the belief in magic exerted on both patients and physicians ; of all the charms, amulets, bewitched decoctions, and nostrums, which were devised, applied, brewed, and swallowed ; the times when chemistry was a secret science, and its few known facts were used only to deceive the multitude, by pretences of making gold or compounding elixirs, panaceas, theriacs, and quintessences for all diseases ! These "hell-broths" were most terrible in their real

effects, when prescribed and repeated with fearful perseverance by the doctors in high authority, who frightened all common sense out of their own and their patients' minds, by their assumed knowledge of the secrets of nature. As to the state of surgery of those times, Abernethy's sarcastic expression, that operations are the reproach of the healing art, and that the habitual operator is a savage in arms, who performs by violence what a civilized person would accomplish by strategy,—this sarcasm loses all its exaggeration, as applied to those times when bleeding from amputation was stopped only by searing with red-hot iron, and when conservative surgery was not even dreamed of.

By degrees, a better day dawned upon suffering humanity, and a more enlightened state of society, and especially a better knowledge of the laws of nature, brought about a better medical treatment. Scientific murders, *secundum artem*, became less frequent. But the great improvements in medical treatment never were initiated by the universities and learned bodies. They were forced on them by men whom they had cast out. They disputed and wrangled about dogmas and theories, and, with ridiculous jealousy, kept their knowledge hedged in by use of the dead languages,—a pretentious sham, in ninety-nine cases out of a hundred. Often, their advancement was due, not to themselves, but to the common sense of the people; the spirit of the age forced them reluctantly forward.

This strife between the superannuated theories of the doctors and the common sense of the people—ready for any thing new, if good and practical—has always

produced both evil and good effects. It has weakened the confidence of the people in the wisdom of their learned and legitimate professional advisers, and thrown them into the hands of impostors and quacks of all kinds,—from the simple shepherd, to the most fashionable specialist of to-day; but, on the other hand, it has acted as a wholesome stimulant upon the reluctant schools, and, by competition with these very men, forced them into progress and reform. The beginning of this race of impostors—travelling physicians with and without title, the quacks *par excellence*, the Theophrasti, Bombasti, Eisenbarths, &c.—probably dates very far back, at least to the times of the first medical schools, whose caricature and offset they were. And it has not yet died out. A natural history of this interesting genus—following it up through all ages, and describing all its varieties—would show that they flourished by the weakness and obstinacy of their superiors in authority, full as much as by the ignorance of the people; and that they adapted themselves to their times, always with more common sense than ever the doctors of the universities did.

Perhaps it would not be uninteresting, by way of comparing the past with the present, to listen to a somewhat detailed description of some of their proceedings in the times of the old German Empire. I have here the authentic confession of one of those “travelling physicians of the people,” such as appeared in various disguises at the public fairs, and whenever there was a concourse of the lower classes on festive days. An Imperial soldier, after the Thirty Years’ War, finding his occu-

pation gone, and being compelled by starvation to beg or steal, or become a quack, chooses the latter. At an apothecary's, he buys a stock of pills, eye-washes, mouth-gargles, and particularly a good supply of the then popular theriac, consisting of harmless and cheap ingredients. But he finds that his eloquence and his impudence in lying do not attract enough of a credulous and willing crowd of buyers. So he procures, and places on his public stand, two large transparent glass jars—one filled with water, the other with alcohol—looking exactly alike. In the vessel filled with water, he puts an ugly-looking, black and yellow toad, considered, in those times, to be a poisonous and dangerous animal; and now he proceeds to praise lustily his theriac, as a good medicine for all diseases, and an antidote for all poisons. This article is packed in small boxes, and, in order to prove its efficacy, he allows one of the bystanders to select one; out of that he dissolves a small quantity in the alcohol of the other jar, saying that, if the poisonous creature would die by drinking of this solution of the theriac, that would certainly prove its virtue. Then, with a pair of tongs, he takes the poor creature from its natural element, drops it into the alcohol, and closes the jar. The toad begins at once to contort itself in fearful agony, and in a few minutes it lies lifeless on its back. The boors begin to open their mouths, their eyes, and their purses; for this ocular demonstration is the clinching argument, and the impostor soon exhausts his supply of theriac, fills his pockets with money, and travels as soon as convenient to another place.

Now, compare this coarse imposition, founded on the ignorance and superstition of the mob of those days, with the refined blandishments, the elegantly written puffs, the elaborate patents, the eloquence, and semblance of learning and sincerity, with which a medical impostor of the present day has to follow his trade, and it becomes evident that the world has advanced, and has been civilized, even, in its deceptions and impostures. The career of the advertising doctor of to-day is really wonderful, for the ingenuity exhibited in the counterfeit of learning, but mortifying as an example of the venality of the press. As an example, I will only draw your attention to the large number of pamphlets, and even of pretentious volumes, filled with spurious learning and false theories, on medical subjects, with which we are nowadays flooded; among which I will mention only that of a Dr. H., and his new theory and mode of curing consumption, made notorious lately by a well-known case of libel in England, and in reference to which, not long ago, you might have read in the "New-York Herald" editorials and advertisements, to the effect that mortality by consumption, in New York, had, within some specified period, diminished to the amount of thirty per cent, and that this was due, if not entirely, at least to a great extent, to the new system of Dr. H. We finally find that this system is founded on the startling scientific fact, that tubercles consist principally of carbon, and therefore inhalations of oxygen are offered as the great remedy. The statement is false, but the theory is plausible to the non-professional public. It is worthy of attention, as an excellent specimen of the views which are put forth by

gentlemen who advertise for patients, and which are received by the general public with a degree of blind confidence that speaks more for their faith than for their reason and knowledge.

But let us leave this dark page in the history of medicine, which exemplifies the weakness and wickedness of human nature through all ages. And we see, that, with the generally advancing civilization of mankind, in spite of the ignorance of the multitude and of the self-conceit and conservatism of the schools, the healing art is compelled to make progress; and this progress, we contend, is as much owing to the impatience of the patients, as to the spirit of inquiry among the doctors. And further, we find, that, throughout the whole history of medicine, the various theories of disease and cure, when once promulgated, and acknowledged after a long contest, become in their turn stumbling-blocks in the way of further progress, until a new era for medical theories begins to dawn in consequence of new developments in the natural sciences. Towards the end of the last century, these sciences received a new and great impetus by the co-operation of many great men of various nations. This, in turn, soon affected, directly and indirectly, not only the medical and other sciences, but even commerce, national economy, and politics. From a blind reverence for learned authorities, old doctrines and theories, the human mind turns, in this revolutionary age, towards the acknowledgment of no other authority than that of facts; so that at the present time no theory is much valued unless established by facts, and none is considered too startling for credence, if facts can be adduced in its support. The

use of the balance, the retort, and the microscope, in exploring organic life, has made physiology a new science, as it were; which, though supposed by many to be the peculiar property of a few men only, belongs to the medical profession and to man. It will, one day, be recognized as the true basis of the art of living, the supreme lawgiver in all things that concern the welfare of men's bodies in health.

This is the goal to which it tends, though at present it touches practical life at few points only, and far between. For in health, as in sickness, men as yet trust, in the main, to what is called experience and common sense. They shun the teachings of physiology and medicine, either because they have found their doctrines too unsteady and too obscure, or because they have from time to time been duped by false teachers, who passed off counterfeit jargon for the true coin of science. On the whole, it is perhaps not to be wondered at, that, in daily life, common sense should judge physiology and medicine, rather than that physiology and medicine should sit in judgment on common sense. It was to be expected, however, that physiology should exert a great influence on the medical world. It opens a wide and fertile field to the explorer of disease and its products. It teaches us the true processes of life,—of assimilation and secretion. It opens our eyes to the inconceivable minuteness of the powerful germs of life. Finally, it has created a new pathology, entirely founded on facts evolved by the microscopic study of the cell and its nucleus.

But as much as it may have widened the horizon of

knowledge of organic life in the normal and abnormal state, by giving to the study of pathological anatomy a high rank and development, yet it cannot give to the practical physician, called to relieve and cure suffering mankind, that of which he is in most need, — *a law of cure*.

It would here lead us too far to explain the reason why the physiological school of medicine has failed to give such a law; but this we can say, that it is to be found mainly in the type of thought in the dominant schools of philosophy, the materialistic tendencies to which the physiological school inclines, seeking to get rid of cause altogether, and speaking of nothing but of effects: so that its followers, while increasing their knowledge of phenomena, lose their faith in the original cause of them all, in health and in disease, namely, the *vital force*. But, without assuming a vital force, no theory of life, health, or disease can be devised, and no law of cure can be securely based.

Therefore, though medicine has profited in pathological knowledge by the physiological school, especially in regard to the ulterior ends and products of disease; though the understanding of the true distinction between functional and organic diseases and their symptoms is hereby advanced; though surgery, in particular, has gained ground, and has met with a success formerly unknown, especially in removing tumors and other products of disease, since their nature is better understood, — yet we find little advance has been gained by physiology in the knowledge of the cause of disease, and as little in therapeutics. On the contrary, while the old

formulas and prescriptions of drugs, founded on obsolete theories, were still in the standard text-books, the confidence in them vanished gradually out of the minds of the young men in the profession, until only a few old *Bourbons in medicine* remained, who would neither learn any thing nor forget any thing. Empiricism, with all its pitfalls and evil consequences, gained ground in the same degree. This soon became evident, also, in the medical literature of modern times; for, however great the breadth of detail, and however exhaustive the depth, with which all pathological subjects were treated in the text-books of general pathology and in the monographs on diseases of all kinds, it cannot be overlooked that a spirit of despondency has pervaded the writings of the most sincere and able scientific authors of the day, as soon as the subject of therapeutics is approached. A practical *law of cure* is felt by all to be the one thing needful. Physiology, while teaching us the normal processes of life, and giving us rules to keep the normal state of health, fails when it attempts to derive from pathological knowledge rules with which to combat disease.

But, in this twilight of scientific knowledge, the morning star of medical treatment arose on the horizon at the beginning of this century. Co-eval with the modern development of physiology, and while the new facts evolved by this science were eagerly sought for and acknowledged by the profession, the foundation of the greatest reform of medicine in modern times was being laid by the genius of a single individual. By a careful and ingenious mode of experimenting, he succeeded in

discovering and verifying *a law of cure*, which, although existing in nature ever since disease was allowed to exist, had only been slightly hinted at by former medical philosophers. At this crisis in the history of medicine, the lights which were thrown on pathology by the study of morbid anatomy almost dazzled the nosologist, by showing the stupendous variety of phenomena which Nature exhibits, even in her so-called abnormal action. Meanwhile, the use of drugs—double-edged swords at best—became more and more feared as their effects were better understood; and hence arose that new school among physicians, which avows its own inability by calling its chosen course “the expectant method.”

Now arose SAMUEL HAHNEMANN, who pronounced the words *similia similibus curantur*,—a law of cure founded on the theory of vital force, but not resting on that theory inactively. It is a law of cure eminently practical in its effects, directing the mind of the physician towards two spheres of practical knowledge and action at once. The one is the study of the symptoms of disease to the full extent that all possible knowledge of pathology and physiology can lead him. The other is that new science, now called into existence,—that of proving the effects of drugs on the healthy organism. This law of cure and method of practice can boast of having met with an unlimited amount of opposition, more than any previous theory in medicine; and this opposition came not from the people, and from the sick,—for, like the gospel, the common people heard it gladly,—but from the high authorities in the medical schools. These two facts may perhaps be considered the best proof, according to the

foregoing remarks, that homœopathy is a reform and an advance in the art of healing.

But on these considerations I cannot enter; for this short hour will not permit me to take up any argument as regards the soundness of the theory of homœopathy. Besides, I know well that all arguments between the supporters and the antagonists of homœopathy have been heretofore mostly inconclusive, because, as in many other disputes on philosophy, religion, and politics, the disputants have no common standing ground. If they were agreed upon any common premises, they might compare the chains of inference by which these premises are linked to their conclusions, and discover which was the most coherent. As it has been, the disputes have always so far resolved themselves ultimately into dogmatic assertions, directly opposed, but as incapable of decision as of reconciliation. Our work in medical polemics must be rather to bring about a reform in the art of healing, by building up a new science under a new law, with the convincing data of statistics in our hands. In course of time, we shall find that the old school will crumble to pieces and perish, as far as its theories and methods are untrue and unnatural, without further trouble from our side.

This, then, I will only here say in judging homœopathy and its present position, that, although the controversy about it is not ended, — nor will it be as long as the antagonists do not even recognize each other in the battle-smoke; — all the downright persecution, the sarcasm, the ridicule, intrigue, and opposition homœopathy has met with at the hands of the dominant school, have not pre-

vented it from spreading everywhere that patients and physicians were to be found, so that its practitioners are to be numbered at present by thousands, and its patients by millions. For, like the luxuriant and green vegetation springing up on the prairies wherever the fire has raged before, so flourishes homœopathy everywhere in the wake of the most terrible epidemics that have swept over the nations. Statistics of treatment of all diseases, in hospitals as well as in private practice, speak volumes in favor of homœopathy, and therefore the people have judged it and adopted it. These are the facts of its short and successful outward history: the history of its inward development into a complete science belongs as yet to the future. As a science, it is still in its infancy. When it shall reach its manhood, it will have changed the aspect of all auxiliary sciences of the healing art. Meanwhile, the enormous work of proving the effects of all known drugs on the healthy organism, so incomparably well begun by the rare genius and self-sacrificing spirit of its great founder and of his first disciples, has been continued by almost all later followers in all countries, with perseverance and enthusiasm. New treasures are constantly being added to our wealth of *materia medica*; while in these days, I am happy to say, a truly critical spirit of estimating, classifying, and sifting the gathered material has evinced itself.

But the mainspring, the most active principle and source of power which this method of healing diseases possesses, and by which it insures its intrinsic vitality as well as its outward success, and bestows upon its followers self-dependence and practical superiority over all who

do not follow its law, is that connecting link between man and nature, between patient and remedy, that ever-working mental process of comparison between the two series of phenomena, — the pathological and the therapeutical. For the homœopathic physician — whether he studies diseases in order to find new symptoms, or whether he searches nature in order to find new remedies — has constantly that guiding idea of similarity in his mind ; and so much does this idea pervade all that he does and thinks, that it must greatly affect his studies of all the auxiliary branches of the medical art. Particularly is this the case in his study of physiology ; and I contend that the dividing line between that science and pathology will be more and more lost from view from the homœopathic stand-point : just as there is, in nature, no marked line between health and disease, — both being equally natural. Therefore we find, that the homœopath, by his individualizing process of comparison, widens the sphere of his pathology, as well as of his *materia medica*, by abolishing the abuse of generic names of diseases in the cases on hand, and the abuse of clinical and empirical polychrests among medicines. And, while he will make account of symptoms which were taught to him by physiology, — such as constitutional tendency, sex, age, &c., — he will, on the other hand, correct and modify the teachings of physiology as regards the rules of diet and regimen ; for, if we find that we cannot always ascertain where disease begins and where healthy action ends, — namely, the distinctive line between the sphere of physiological and pathological knowledge, — we cannot with any more certainty draw a line between

the effects of food and those of drugs on the healthy organism.

But if homœopathy exerts, on the studies of those who practise it, such an influence as I have described, and upholds and governs them with such power at the sick-bed, it requires also, like a jealous mistress, a very careful cultivation and special training. And this leads me to offer a few closing remarks on homœopathic education, in doing which, I must ask you to look back once more. We saw, that, somewhat more than fifty years ago, the first promulgation of the homœopathic theory was made by Hahnemann; and we all know how, after the first struggles of persecution were over, it has spread and gained ground more and more, until, at the present day, it is practised everywhere, — in all countries, by all classes. In Europe, kings, princes, and a great part of the nobility, have embraced it; feeling themselves less restrained by the opposing authority of the faculties than the middle and lower classes do. In this country, where there is none of that paternal interference of government which was exerted against its further development in European countries, public opinion has approved of it, and its numerical success is greater than anywhere else.

Furthermore, by this time a large homœopathic literature has grown into existence, and filled our libraries with many valuable volumes. Its periodicals — monthly, quarterly, yearly — abound in all modern languages. Their earnest, sincere, and enthusiastic spirit far exceeds that of the like productions of the old school. The work of proving, also, is constantly going on with fresh vigor, and has revealed still further treasures in the *materia*

medica. Finally, for more than thirty years, homœopathic hospitals have been established, and their reports are before the world. These can bear the most severe criticism, and still surpass all others by the proportion of cures. Even the gaunt spectre of cholera has been forced to be a witness in favor of this new treatment; and its practical results have so impressed themselves upon the speculative mind of life-insurers, as to procure for homœopathic patrons a reduction of ten per cent from the regular premium. Yet when we ask what has been, and is at present, the position of the dominant (so-called) allopathic school towards it, we find, that, however homœopathy may have in an indirect way changed the practice of the old school, its professors are theoretically opposed to it to-day as much as ever. And I do not speak here so much of the opposition which comes from the jealousy of individuals in allopathic practice, — for each one has a right to oppose any new theory, as long as he does not understand and believe in it; but I speak of the anathemas which are thrown upon our devoted heads by the learned bodies, the faculties of the old schools and colleges, when they sit in council over the medical affairs of the world. Instead of establishing thorough and just investigations, making sufficient experiments, and opening fair discussions on the subject of the new doctrine, these learned bodies have condemned it at the outset. If they have not openly persecuted and fought against it in later years, they have secretly intrigued against it in many ways, or tried to ignore it altogether.

We will not at all question, here, whether this did any harm to the world at large, or to the followers of Hahne-

mann specially ; although I think the latter have nothing to complain of as regards worldly success. But it has certainly acted as a great impediment to the education of the young men in our ranks. All hospitals, endowed schools, and colleges, being, from former times, in the hands of the dominant school, a public and practical teaching of homœopathy was nowhere allowed. But, in later years, a few hospitals and professorships have been opened to it, in a few places in Europe, by particular favor of some liberal-minded princes. It became the honor and the privilege of this land of progress to break down the old bars of conservatism in medicine ; and homœopathic medical colleges are at least chartered and protected, if not endowed, by the various State governments. Heretofore, the homœopathic medical student, being compelled to study at a medical college of the old school, had a difficult position, indeed, to hold. He was either in constant danger of becoming confused about his convictions, and was being lost altogether to the homœopathic cause, especially if, being a good scholar, but young and impressible, the professors thought it worth their while to praise and to flatter him, and thus to secure his talents to their side, or he had to enact a false and hypocritical part, in order to receive the diploma of his college, while, at heart, convinced of the truth of a law of cure never taught there, nor even mentioned, except with scorn and ridicule.

But, if he escaped all these dangers, what golden hours of study were irretrievably lost to the future homœopathist, by learning many things which he never needed, and by learning many other things wrong ! For homœopathy,

as I said before, is an exacting and jealous mistress, who requires an undivided attention from her followers, and demands from them that the preparatory studies and kindred sciences should, from the beginning, be pursued with a constant view to carry out in practice the law of cure. Indeed, the homœopathic student can never too early train himself to make experiments in proving as well as in curing; and he should be already a homœopath when studying his chemistry, physiology, anatomy, botany, and surgery. From this it follows, that we should have such teachers in these sciences, especially in physiology and pathology, as would not prejudice the mind of the student against the theory of vital force and of the homœopathic law of cure; but, on the contrary, should, from the beginning, let these auxiliary sciences go hand in hand with the most essential of all studies, — the homœopathic *materia medica*, as founded on the provings of drugs on the healthy organism.

It was, therefore, with thankfulness and joy that I lately heard of our prospect of having a medical college in our State, where homœopathy could be freely taught, — here, at this centre of learning, where the old school has held a high rank for so many years, and had its undisputed sway so long with as much thoroughness and scientific spirit as with exclusiveness and conservatism. But the higher the standard of the medical schools around us, the better will it be for the young plant which we hope to see start into life. For the new college will have to begin modestly, but firmly, by trying, not to underrate the amount of learning of the old schools, its seniors, but to turn their accumulated stores of knowl-

edge in the best way to the use of the new theory. It will have to take care not to neglect surgery, by deeming it made unnecessary by homœopathic practice, but to make surgery more efficient by combination with homœopathic treatment. And it will find its highest task in following the opened path of physiology and pathology, not as two distinct sciences, with the fearful and wonderful but unpractical results of the old school, but by blending their teaching so together, that every single organ and function shall give rise to valuable symptoms; and that all symptoms, from the apparently most insignificant and accidental, like the blue of the eye, to the most morbid and specific ulcer, — all become available material for the ulterior end of all its studies, namely, the homœopathic cure.

As no medical college can well exist without a clinique and hospital, I trust that we shall see our wishes crowned, by having those institutions joined together; for then only, by the right combination of theory with practice, shall we be able to prove to the world what we can cure, and then only, by fair and careful experiments at the sick-bed, can we settle the disputes, in our own ranks, about the value of each remedy, and the size of its dose.

May our hopes be realized; and, in the history of medicine, may it be seen that the *Homoion* has never become a stumbling-block to further progress! Thus, perhaps, in times to come, even the learned men of the old faculties, like the councillors of the Holy Father, will have sense enough to admit that “the world moves,” and we move with the world.

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SEMI-ANNUAL MEETING, 1867.

MORNING SESSION.

THE Society convened in the vestry of the Tremont Temple, Boston, and was called to order at 10 A. M., by the President, I. T. TALBOT, M. D.

The records of the last meeting of the Society, and a partial report of the Executive Committee, were read and approved.

The President delivered a brief salutatory. The following candidates for membership in the Society were then balloted for, and unanimously elected, viz :—

D. G. WOODVINE M. D.	Boston.
H. B. MORRILL, M. D.	Boston.
EDWARD SANFORD, M. D.	Attleborough.
W. B. GARSIDE, M. D.	Lexington.

The President called upon the Corresponding Secretary, Treasurer, Librarian, Committees on the Library and Pharmacy, for reports ; but no responses were made.

The Committee on Publication, through Dr. E. U. JONES, of Taunton, reported, that some progress had been made,—sufficient, perhaps, to warrant the hope that the

first volume of the Society's "publications" would be issued in the spring.

Tumor.—DR. GILES M. PEASE, of Boston, exhibited a tumor, weighing three and three-fourths pounds, without the outer sack, which he had recently removed. It was the growth of about fifteen years, and consisted of fatty, fibroid, lobular formations. It was irregularly circular in form, and about nine inches in diameter. Its entire inner surface was firmly attached to the obliquus externus and latissimus dorsi muscles, and its neck involved the serratus muscles.

Dr. Pease also exhibited an apparatus for fractured clavicle, which was a modification by himself of Fox's apparatus, and consisted of a simple and efficient arrangement, by which the shoulder and arm are kept easily and securely in proper position, without the liability, so generally experienced, of getting out of place.

MATERIA MEDICA.—*Baptisia Tinctoria*.—Dr. E. U. JONES, of Taunton, read a paper on *Baptisia Tinctoria*; which, on motion, was referred to the Committee on Publication. (ART. VI.)

The President invited remarks upon the subject of Dr. Jones' paper.

Dr. SCALES, of Woburn, said that he had used the *Baptisia* extensively in the first stage of fevers of a typhoid character, and had found it generally effective to interrupt the fever; was in the habit of using from the tincture to the third dilution.

Dr. LOWE, of Bridgewater, remarked, that his experience with the drug coincided with Dr. Scales'. In cases in which "pain in the bones" and lumbar region were

symptoms complained of, he had found it very efficacious.

Dr. H. B. MORRILL, of Boston, said he had used it with good effect in cases of spermatorrhœa. He usually gave the third dilution.

Dr. LOWE again rose and remarked, that he also had found it effectual in spermatorrhœa.

Dr. SCALES, of Woburn, said he had found it useful in uterine hemorrhage.

Dr. L. D. PACKARD, of South Boston, remarked that it was with him a leading and favorite remedy in the initial stage of fevers. "When patients come into my office, and complain of chills, fever flushes, headache, 'boneache,' soreness of the muscles, &c., I prescribe two or three drops of Baptisia, and find the prescription usually dissipates the symptoms. I used to give Aconite or Gelsemium for these symptoms, but now depend upon Baptisia."

The President here announced, that several well-known and esteemed physicians from other States were present in the Convention, and named Drs. Carroll Dunham, Henry M. Smith, Virgil Thompson, and A. M. Woodward, of New-York City; W. E. Payne, of Bath, Me.; Alpheus Morrill, of Concord, N. H.; C. B. Currier, of Middlebury, Vt. and others. The announcement of the names of these visitors was received with hearty applause; and on motion of Dr. David Thayer, of Boston, they were "unanimously invited and earnestly requested to take part in the discussions of the session."

The President enumerated several remedies that had heretofore been considered and partially proved by the Society, and asked if further discussion of them would not be profitable. He called upon Dr. Gregg, of Boston,

to speak of *Crotalus horridus*. Dr. GREGG said that his use of the remedy had been quite limited, and he had no striking experience with the drug to relate. He had used it in some cases of boils and phlegmonous inflammation with marked benefit.

Dr. THAYER, of Boston, had used it in erysipelas, but had nothing especially valuable to report concerning its effect.

Hydrastis Canadensis.—The Secretary read a paper on *Hydrastis Canadensis*, by WALTER WILLIAMSON, M. D., of Philadelphia, a corresponding member, and communicated by him to the Society. (ART. VII.)

On motion of Dr. GILES PEASE, of Boston, a vote of thanks to Dr. Williamson was unanimously passed for his interesting contribution; and on motion, the same was referred to the Committee on Publication.

The President invited discussion of the subject of Dr. Williamson's paper.

Dr. CHAMBERLAIN, of Worcester, said he had used *Hydrastis* in leucorrhœa and gonorrhœa with benefit. He usually infuses an ounce of the pulverized root in one pint of water, and uses it as an injection.

Dr. CATE, of Salem, said he had used it for several years, to some extent, in diseases of the liver attended with constipation, obstruction of the biliary ducts, and jaundiced skin; had usually given the tincture, and found it efficient in removing the symptoms.

Dr. F. H. KREBS, of Boston, said he had used the *Hydrastis Canadensis* according to the pathogenetic symptoms which are recorded in Hale's "New Remedies."

The first case for which he prescribed this medicine was

that of an elderly gentleman, who had suffered for several weeks with sores on his left leg, which resembled carbuncles. In his former life he had been exposed to severe hardships and privations; and was, when he saw him, very weak and prostrated. The sores were situated along the tibia, and as he was obliged to be constantly on his feet, should think that even furuncles might have taken this aggravated form. The sores looked bluish and angry, each having two or more apertures, through which a sanious pus was discharging. The patient complained of a burning sensation at the seat of the sores, with pain and weakness along the whole length of the limb. He gave him one drop of the third in twelve powders of *Sach. lact.*, one to be taken every four hours, and externally ordered one part of the tincture to four of water, with lint as a dressing, to be changed three times a day. On the fourth day there was a decided improvement; and, in three weeks, the patient had entirely recovered.

His second case was that of a woman, who had an ulcer of the mamma.

Three years before she had a tumor removed,—whether scirrhus or not she could not tell. The wound healed by first intention, and remained well for a year or more; but then she noticed a moisture oozing from the cicatrix, which finally formed a scab, emitting from underneath a slight discharge of an exceedingly offensive nature, which gave her a great deal of trouble. He prescribed the *Hydrastis*, as mentioned in the case above. On the third day the scab came off, leaving a large sore which gradually diminished in size, and finally healed between the

third and fourth week, and has remained well ever since.

Dr. J. H. SHERMAN, of Middleborough, spoke favorably of its action in ulcerated sore throat, used as a gargle,—one ounce of the pulverized root to a pint of water; had also given it with wine or water, as a tonic, in cases of feeble digestion.

Dr. LEVI PIERCE, of Charlestown, had employed it with marked success in dysentery with great tenesmus, in the form of an injection, and in the proportion of half a teaspoonful of the tincture to half a pint of water. Used in this way, had known it to relieve severe tenesmus in half an hour.

In a case of inflammation of the urethra in a female, he had applied a pledget of cotton, saturated with a lotion of Hydrastis and water, with prompt relief.

Dr. W. E. PAYNE, of Bath, Me., remarked that he had not used the remedy to any great extent, but had employed it with good success in cases of aphthous sore mouth; had also used it in icterus with decided benefit; could give no exact indications for its use in the latter malady, but in one or two cases in which he had given the usual remedies, and failed to improve the condition of his patient, had given Hydrastis successfully.

Dr. DE GERSDORFF, of Salem, said he could testify to its excellent action in one case of cancer of the breast. It was applied, and the symptoms promptly alleviated.

Dr. GREGG, of Boston, had used it as an injection in leucorrhœa and gonorrhœa, both with and without satisfaction. In nasal catarrh, he had used it locally and internally, with some benefit.

Dr. CARROLL DUNHAM, of New York, said that it was very desirable that those who try, or have opportunity to observe the use of new remedies, should closely examine the cases, so as to seize upon any peculiarities which each case may present,—peculiarities which would serve, if the remedy proved beneficial, as indications drawn *ex usu in morbis*, for its administration in other analogous cases. We learn, from the cases cited here to-day, only that Hydrastis has seemed to do good in several cases of ulcerated scirrhus, but have not learned what were the peculiar symptoms of those cases. In a case of this disease which came under his care the patient had been using Hydrastis, but received no benefit from it. On examination of the case, he could find no special indications for any remedy in the symptoms of the ulcers. But the patient had a constant headache, the pain rising from the nape of the neck, and passing over the occiput to the vertex, and forward to the coronal suture, with sharp pains from the occiput through the right eye, and great sensibility to light and noise, with relief from wrapping the head in flannel. These symptoms indicated Silicea, which was given in the thirtieth potency. The result was, not only relief of the headache, but also great improvement in the ulcer. "If close examination were made," said Dr. Dunham, "of the entire system of patients to whom the new remedies are given, we might gain more precise indications for their use which would be very valuable, even before full provings could be made."

Dr. L. G. LOWE reported favorably of its effect as an external application in indolent ulcers, canker of the mouth, and inflammation of the throat,—in the latter cases, used as a gargle.

Dr. P. K. GUILD, of Jamaica Plain, said that he had given it in a case of constipation of fifteen years' duration, with marked benefit. He gave one drop of first decimal dilution night and morning; he had also used it with effect in aphthous sore mouth.

Dr. C. B. CURRIER, of Vermont, regarded it as the very best local application in gonorrhœa. He uses from ten to fifteen drops of the tincture to one ounce of water, and adds a little glycerine. He considers it a valuable remedy in ulcers, especially of a chronic character.

Dr. PACKARD, of Boston, also spoke of its favorable action in gonorrhœa; and he had cured or relieved one case of constipation with it.

Dr. D. G. WOODVINE, of Boston, reported a case of erysipelas speedily cured by it, and its favorable action in several other cases.

Dr. J. H. WOODBURY, of East Boston, said he had had a great deal of experience with *Hydras. canadensis*, and especially in cases of debility, ulceration of the os uteri and of the throat; in aphthous sore mouth; in catarrh, with offensive secretion; and in ulceration of the lower portion of the rectum, with discharge of muco-purulent matter. He had used it internally and locally in these cases with great benefit; had applied it in the form of powder to ill-conditioned ulcers of the os uteri and throat, and to the Schneiderian membrane, with the most satisfactory results. He was called, three months since, to see a gentleman residing in the country, in failing health, who had suffered almost constant pain in the epigastric

region,—severe dyspepsia, pain after each meal, followed by an overpowering sensation of sinking and faintness at the stomach. He also had frequent attacks of diarrhoea, with copious, black, painless discharges. His skin was yellow, but urine normal in quantity and appearance; had frequent attacks of vomiting, of colorless, glairy liquid,—never yellow, green, bitter or sour. Three days before seeing him, he had been seized with severe griping pain in the hypogastric region, which his physician at first thought to be bilious colic. He got no relief from the remedies used; and the pains which were at first intermittent now became constant, and gradually extended to the epigastric and hepatic regions. The liver was enlarged and hardened so that its free borders could be easily defined. Nausea was constant and distressing. For three nights he had had no sleep, and his agony was so great as frequently to drive him from his bed in the vain search for relief; but to which he immediately returned in a state of utter exhaustion.

He had taken *Nux vom.*, *Coloc.*, *Bell.*, *Merc.*, *Ars.*, &c., but without relief, when it was proposed to try the *Hydrastis* 1, which was accordingly administered in ten-drop doses, to be repeated hourly. Before the expiration of first hour, the patient pronounced himself easier. He soon fell asleep, and awoke at the expiration of half an hour with all his symptoms mitigated. From that time to the present, under the constant use of the *Hydrastis* at increased intervals and in higher attenuations, his improvement, though gradual, has been steady; and he is now able to ride several miles and is entirely free from pain, and also from all traces of his former dyspepsia. One noticeable symptom, which has been developed during this

long continued use of the *Hydrastis*, is an increased secretion of urine, the quantity at one time being nearly doubled; but, now the medicine is suspended, this is gradually diminishing.

Dr. O. S. SANDERS, of Boston, remarked, that he could testify to its efficacy in ulcerated sore throat, hemorrhoidal tumors, and nasal catarrh. In the first of these affections he uses it as a gargle; in the second, in the form of an unguent; and in the latter, in the form of a powder or snuff. He regards it as an important remedy and deserving of a thorough proving.

The President here announced the presence of Dr. C. M. Weld, of Jamaica Plain, who had recently returned from an absence in Europe; and called upon that gentleman for a statement of his observation of the condition of homœopathy in the Old World.

In reply, Dr. WELD remarked, that homœopathy was making steady progress there. In Paris, he said, there were about three hundred practitioners of the homœopathic faith, which was a large number considering the opposition homœopathy had to contend against.

The emperor is an occasional patron of homœopathy,—is in the habit of taking homœopathic remedies for a sick headache, to which he is subject.

Homœopathic pharmacies are rapidly multiplying there. The pharmacy of the Catalan Frères is very extensive, and in a flourishing condition.

Physicians in Paris do not carry medicines with them, but write prescriptions which are obtained at the pharmacies.

Dr. J. H. WOODBURY, of East Boston, who has also lately returned from Europe, said he could corroborate the testimony of Dr. Weld, regarding the steady increase of homœopathy there. In Vienna, where homœopathy was once proscribed, the reports of the two schools are now published side by side. The cause is progressing less rapidly there than here, but is surely gaining ground. The contest there is now virtually between expectancy and homœopathy,—*i. e.*, between giving no medicine or homœopathic remedies.

Dr. HENRY M. SMITH, of New York, gave an interesting account of the introduction of homœopathy into the Ophthalmic Hospital of that city, and also spoke of the promising condition and prospects of the New York Homœopathic College.

Dr. H. L. CHASE, of Cambridge, chairman of the Committee on Materia Medica, was sorry that he had nothing interesting to report; had made some fragmentary provings, but they were not in a presentable shape. He thought it the duty, as it would surely be for the advantage, of every homœopathic physician to make careful provings upon himself. He related the case of a man who suffered with pain in the left popliteal space. He remembered that this precise symptom occurred with him while making a proving of the *Physostigma* (Calabar bean), which he accordingly gave, and the pain rapidly disappeared. He knew of no other remedy in the *Materia Medica* that met the case, and thought it showed the importance of provings. He urged members to give more practical attention to this subject.

Dr. THAYER, of Boston, said he wished to speak of the oil of yellow sandalwood, which he had used success-

fully in cases of gonorrhœa; also of the Moose-bush (*Dirca palustris*), which he had found effectual in cases of sick headache, used in first, second, and third potencies, one to three drops every twenty minutes.

DRS. WOODBURY, of East Boston, and MORRILL, of Concord, N. H., remarked upon the popular use of a decoction of the Moose-bush, in New Hampshire, for sick headache. The latter gentleman observed that he had known it to act successfully, and also had known it often to fail so to act.

Dr. A. M. CUSHING, of Lynn, reported cases of rheumatism successfully treated with *Artemisia abrotanum*, a remedy which he recently proved. He had also used it with good effect in scarlatina.

Dr. H. P. SHATTUCK, of Boston, testified to the good effect of *Artemisia* in a case of rheumatism under his care, in which other remedies had failed.

DRS. THAYER, of Boston, and SCALES, of Woburn, also spoke of favorable experiences they had had with *Artemisia* in rheumatism.

Dr. H. L. CHASE, of Cambridge, said, that, a few days ago he was at the laboratory of Messrs. Henry Thayer & Co., and learned a little practical fact in regard to *Podophyllin*. In sifting the drug the workmen are liable to intense opthalmia, unless great care is taken to shield the eyes. The head operator said that he suffered most intense agony for three days from this cause; all he could do was to lie on his back and let the water run in a continuous stream from the eyes. He subsequently found that a weak solution of opium was an antidote; and the workmen are furnished with this, with directions to bathe the eyes freely. Whether *Podophyllin* would be homœo-

pathic as a local application in ophthalmia, he did not know, but should certainly try if occasion was presented.

Dr. GEORGE RUSSELL, of Boston, spoke of *Oleum Origani* as an efficacious remedy in spermatorrhœa; had used it with excellent success; first, second and third were the potencies he commonly employed, and made from the oil. He also mentioned *Hydras. canadensis* as a remedy he had used with much benefit in leucorrhœa.

The morning session here adjourned; and the Society on invitation, repaired to the social hall of the Temple and partook of a bountiful collation generously provided by the physicians of Boston and contiguous places, and served by Mr. J. B. Smith. An hour was agreeably passed in satisfying the creature cravings, introduction of guests and members, juniors to veterans, new members to old, and in hearty, social civilities.

AFTERNOON SESSION.

The members re-assembled at 2 o'clock. Dr. H. L. CHASE, chairman of the Committee on *Materia Medica*, made the following announcement:—

The Committee on *Materia Medica* have been authorized to offer a prize of seventy-five dollars for the best, and twenty-five dollars for the second best proving, which may be presented them before the annual meeting in April, 1868,—provided there shall be at least five provers of the same substance.

In order to secure concerted action, and the best possible results, the committee, with the advice of the gentleman who offers the prizes, have decided upon proving

Bromide of Ammonium and Dioscorea villosa (or Dioscorein).

The provings are to be written upon one side of the paper, to be signed by some device, and be accompanied with a sealed envelope bearing the same device, containing the name of the prover, and must be presented on or before the 25th of March, 1868.

The prover shall state sex, age, temperament, color of hair, eyes, and complexion, and any physical peculiarities, and the form or preparation of the drug employed; it being desirable to have provings of preparations of different degrees of strength.

The symptoms shall be written down in the order in which they occur, preserving the natural groups, and shall afterwards be arranged in the usual manner, according to the method of Hahnemann.

Each prover shall carefully analyze the symptoms, so that, as far as possible, only the pure effects of the drug shall be recorded. Any symptoms concerning which the prover is in doubt shall be marked doubtful.

Any gentleman wishing to engage in this work will be supplied with either or both of the above mentioned articles, upon application to Dr. S. Whitney, at the Dispensary rooms, Tremont Temple, or by addressing either member of the Committee.

H. L. CHASE, CAMBRIDGE,
C. WESSELHOEFT, HARRISON SQUARE P. O.,
CHARLES CULLIS, BOSTON.

Committee on Materia Medica.

Dr. DAVID THAYER, of Boston, read a very interesting paper "On the Efficacy of Homœopathic Medicines in Certain Organic Diseases," which took the usual course of reference (ART. VIII), and the subjects referred to were discussed by various members.

Dr. RUSSELL, of Boston, remarked that he had found *Hamamelis Virginica*, used internally and externally, an efficient remedy in varicose veins.

In qualification of the reputed efficacy of Bromine in heart-disease, Dr. GREGG, of Boston, related the case of a little child, three months old, that he was called to see some three or four years since, suffering with cyanosis, accompanied by distressed or difficult respiration. He examined the patient and told the mother that medicine would do it no good, and none was given. A few days since he saw the child, now four years old, perfectly well; and believes that a better result would scarcely have been attained had he prescribed Bromine.

Dr. CHASE, of Cambridge, mentioned the case of his own child, who, in infancy and early youth, was afflicted with curvature of the bones. He gave neither Calc. c. nor any other medicine; but the child has grown up with perfect limbs.

Dr. PACKARD, of South Boston, spoke of the good effect of Bromine—a remedy suggested by Dr. Thayer, some three years ago—in disease of the heart, and related cases illustrative of its favorable action. He also exhibited a gall-stone, an inch and three-quarters long and more than an inch in diameter, passed by a patient seventy-two years of age, who subsequently did well.

Dr. WEST, of Boston, related the case of Jennie Jones, an insane girl, who, after an obscure and protracted ill-

ness, passed what was supposed to be a gall-stone three by two inches in length and diameter, but which, upon analysis, was found to be *burned umber*. It was supposed that she got access to a paint-pot, and ate of the contents *ad libitum*, and that the substance concreted and became the solid mass which passed her, and which presented the common appearance of a gall-stone. He thought this case was calculated to excite a doubt in the mind regarding the genuineness of other gall-stone cases, and should lead us to be extremely careful in our diagnosis of substances expelled from the bowels.

Discussion followed touching the possibility of the expulsion of a stone of the dimensions of the one exhibited, through the biliary ducts, but several members testified to their having seen gall-stones within the cystic and common ducts at *post-mortem* examinations, as large and larger than the one shown by Dr. Packard.

Dr. W. F. JACKSON, of Roxbury, remarked, that there was a case on record where an enormous gall-stone was taken from the rectum. It did not follow, he thought, that it was of the same size when it escaped through the ducts. It might have grown after it passed the ducts. From the size and shape of the one shown to-day, he was inclined to believe that it was enlarged after its egress from the gall-bladder.

Dr. THAYER said that his observation disproved that jaundice was a universal concomitant of obstructed gall-ducts from passing gall-stones.

Dr. CARROLL DUNHAM, of New York, said he wished to say a good word for *tobacco*, which he was not in the habit of using, except as a medicine. It deserved attention he thought, in diseases of the heart, which it had not re-

ceived. His attention was attracted to it by the case of a patient convalescent from a severe rheumatic endocarditis, which had left a lesion of the aortic valves. He began to suffer as cold weather came on, from a growing and heavy sensation in the region of the heart, with sharp stabs, *especially on bending forwards*. He lost strength, appetite and courage; at the same time he experienced a craving for tobacco, which he had never used, and which had always been disagreeable to him. This craving was so persistent, that, after much hesitation, he began to smoke, but with the expectation of being made sick by it. On the contrary it afforded him very great relief. He smoked one pipe daily for three weeks, at the end of which time he had regained appetite and strength, and had become free from pain in the region of the heart. At this stage of improvement, the tobacco produced its customary effect on novices, and he became disgusted with, and ceased to use it. The improved state of health continued for many months. Exposure to cold and wet produced on several occasions recurrence of the above heart symptoms, and, with them, the cravings for tobacco returned, which was used as at first, and with the same relief. Finally, in 1863, after severe exertion and great exposure, the symptoms recurred with such severity as to prostrate the patient completely. By advice of Dr. Hering, he took Lithium carb. 6 (the proving of which is published in the "American Homœopathic Review," vol. iv.), with the most gratifying result,

It was noteworthy that Rischoff and Bunsen have discovered lithium in tobacco.

This case called his attention to Lithium carb., and experience had shown it to be a most valuable remedy in chronic organic heart affections.

In a case of hemiopia, Dr. Dunham said he had used Lithium carb. with success. The patient, a book-keeper, had used his eyes too much. He had lost the use of the left eye entirely ; could see with the right eye only the right half of objects, unless he looked long and intently, when he could finally discern the left half. Examination disclosed no organic change in either eye. Lithium carb. was prescribed, on the strength of symptom thirty-three (see proving). In three months the patient had recovered full vision with the right eye ; and, in six months, he could see perfectly with both eyes. The prescription was made four years ago, and the patient is still in good health. Before taking the Lithium, he had rested the eyes for four months ; and six weeks after taking it, he resumed work at his books. In the preface to the proving of Lithium carb., Dr. Hering says : " The great points of clinical value of Lithium will probably be found in the heart, the eyes, and the urinary organs." During the year following the publication of this proving, Dr. Fanning, of Tarrytown, published a notable case of disease of the kidney and bladder cured by Lithium.

"I cannot," said Dr. Dunham, "mention my cases above recited, and which illustrate its action on the heart and eyes, without recalling this prediction of Dr. Hering, and doing homage to the prescience and clinical sagacity of this brilliant and indefatigable worker in the field of the Materia Medica."

A paper by Professor E. M. HALE, M. D., of Chicago, a corresponding member of the Society, was read by the Secretary ; and, on motion, a vote of thanks was passed to Professor Hale, for his interesting contribution ; and the same was referred to the Committee on Publication. (ART. IX.)

In the absence of the chairman of the Committee on Clinical Medicine, Dr. CATE, of Salem, read a report on whooping-cough, which took the usual course of reference. (ART. X.)

Dr. GREGG, of Boston, stated that he had used the *Trifolium pratense* in many cases of whooping-cough with very satisfactory results. He thought it was very valuable in controlling the spasmodic and paroxysmal cough in various stages of this disease. *Chelidonium majus* and *Corallium rubrum* he considered of importance in this persistent cough; and, where there were cephalic symptoms, or tendency to convulsions, *Cuprum aceticum*.

In answer to an inquiry by Dr. West, in regard to clinical experiences with the Bromide of Ammonium in whooping-cough, Dr. E. P. SCALES, of Newton Corner, said that he had used it in three or four cases but without any satisfactory results.

Dr. W. E. PAYNE, of Bath, Me., read reports of several cases from practice, which were referred to the Committee on Publication. (ART. XII.)

Dr. DUNHAM related the case of a lady who called upon him for relief from a distressing neuralgic headache. The symptoms were peculiar, and, he thought, resulted from some drug she had been using; but, on questioning her, she denied that she had been taking medicine of any kind. He told her decidedly that he did not believe her; and she finally admitted that she had been using a hair-wash or dye, a prominent ingredient of which was wild indigo,—*Baptisia tinctoria*. This he at once recognized as the cause of her neuralgia, advised its discontinuance, and she was soon relieved. He also related a case of diarrhoea of long duration, the patient supposed to be

slowly declining, cured in two weeks by a single dose of Graphites 200,—a corroboration of the efficacy of this remedy as reported in Professor Hale's paper. The indications for Graph., in this as in other cases in which he had used it successfully, are found in symptoms 310: "Very thin-formed stool, like a round worm." 324: "Dark-colored, half digested stool, of an intolerable bad odor" (see "Chronic Diseases," 2d ed., 1837). The patients were flatulent, of lymphatic temperament, with sluggish circulation, and feeble digestions.

In diseases of the heart, he had found Lachesis a remedy of exceeding value. He feared that the preparations sold at many of the pharmacies under this name were not genuine, which, he thought, accounted for the non-success of others with the remedy, when using it according to well established indications.

In laryngitis, he had also found it frequently applicable, and had used it with marked benefit.

Dr. SAMUEL GREGG, of Boston, read a paper on "The Use of Water as an Adjunct to Homœopathic Treatment," which, on motion, was referred to the Committee on Publication. (ART. XIV.)

Dr. H. C. ANGELL, of Boston, read an elaborate and valuable paper, entitled "Remarks upon some of the more Common Forms of Conjunctivitis," which took the usual course of reference. (ART. XI.)

Dr. GREGG, in discussing Dr. Angell's paper, said, that for many years past he had not been in the habit of making irritating applications to the eyes, being satisfied of the impropriety of them. In ordinary cases of inflammation of the eye, he found warm water, as an external ap-

plication, sufficiently stimulating; he rarely used cold water.

Dr. J. H. WOODBURY, of East Boston, had prepared a paper on "Laryngoscopy;" but, on account of the lateness of the hour at which it came up in order, the reading of it was postponed. In order, however, that the members might have the benefit of Dr. Woodbury's paper at an early day, a motion was made and adopted, that Dr. Woodbury be requested to read his paper before the Boston Academy of Homœopathic Medicine at its session on Monday evening, Oct. 28, instant. The paper was referred as usual, to the Committee on Publication. (ART. XIII.)

Nasal Catarrh was the subject selected by the Committee of Arrangements for discussion; but owing to the number of other subjects that had precedence of this, and the time occupied in considering them, it was not reached till a late hour in the afternoon, and its discussion was therefore quite brief.

Dr. CHAMBERLAIN, of Worcester, stated, that in cases in which the breath was very offensive, he was in the habit of using Chlorate of potash,—one drachm dissolved in a pint of water—a teaspoonful to be taken before each meal. This would usually change the symptoms in a short time. He had employed this remedy for three or four years, and usually, though not always, with good success.

Dr. GREGG said he had used injections in catarrh with variable results, he had employed solutions of Permanganate of potash, Chloride of zinc, Chlorate of potash, and Hydrastis canadensis. He thought he had seen as good results from the use of Hydrastis as from the others.

Dr. WOODBURY, of East Boston, said he had employed Hydriodate of potash with satisfaction, in cases in which the secretion was thin and watery; had found Creosote an effectual remedy in many chronic cases, attended with offensive discharge.

Dr. THAYER had best success with Baptisia and Sanguinaria Canadensis.

Dr. F. H. KREBS, of Boston, read an interesting report of his visit to the Homœopathic Medical Society of Pennsylvania as a delegate from the Massachusetts Homœopathic Medical Society; which, on motion, was referred to the Committee on Publication.

Dr. J. H. WOODBURY, delegate chosen to attend the meeting of the New Hampshire Homœopathic Medical Society in June last, made a favorable report of the condition of the said society, and its zeal in the cause of scientific medicine.

The President announced, that at the last annual meeting of the Society, a motion was made by Dr. N. R. Morse, of Salem, to amend the second by-law of the Society; but, through some oversight, the special committee to whom it should have been referred was not appointed. On motion, the President was requested to appoint the committee at the present time. He appointed Drs. Krebs, of Boston; Morse, of Salem; and Woodbury, of East Boston.

On motion, Dr. E. U. JONES, of Taunton, was appointed a committee to report upon the best method of keeping physicians' accounts and records.

Dr. F. H. KREBS, of Boston, moved that a committee be appointed to solicit subscriptions of physicians for the purchase of a durable album, or albums, in which to have

arranged the photographic likenesses of members of the Society in the order of their admission; the same to be presented to the Society and preserved in its archives. The motion was adopted; and on motion, Dr. Krebs was appointed the committee, with warrant to procure subscriptions, purchase an album, obtain the likenesses of the members, and have them suitably arranged in the volume.

The President announced that no previous meeting of the Society had been so well attended as this, seventy-four out of a little over one-hundred members having been present during the sessions; and also, that no previous meeting had been honored by the presence of so many visitors from abroad. He expressed the hope that members would exert themselves to make the next annual meeting more interesting and successful than this had been.

At 5½ o'clock, P. M., on motion, the meeting adjourned.

L. MACFARLAND,

Recording Secretary.

VI.

BAPTISIA TINCTORIA.

BY E. U. JONES, M. D., OF TAUNTON.

This plant, so common all over our Northern States, has, in common with many other indigenous remedies, obtained considerable reputation in domestic and empiric practice. My purpose in presenting it before you at this time is to indicate some of its groups, and as far as possible in the present state of our knowledge, to assist in fixing its status as a remedial agent.

Every physician is daily experiencing the difficulty of forming such groups from isolated symptoms as shall meet perfectly the end desired, or contribute to the exact result which is naturally expected if the laws of Homœopathy be true. In general prescribing, one or two prominent symptoms direct the mind to one or more medicines possessing these symptoms. These being determined, it is an easy matter to find the remaining symptoms of the disease scattered along the multitudinous experiences in the medicinal proving. Thus two pictures of disease, having a very tolerable similarity, may be produced; but the result of the prescription is not always a success. Remedy after remedy is thus sought and prescribed, and alternated with another, and cases get well, without hav-

ing increased the physicians' knowledge or made the slightest gain for science.

Alternations of remedies will not soon be done away with, and cannot with perfect justice to our patients, for three reasons especially. 1st. It is often impossible to find under a given remedy a sufficient number of prominent symptoms so placed, as to give any assurance that it is the *similia* of the disease, and we seek that assurance by adding thereto a complementary remedy. 2d. From the inaccessibility of the original provings of some of the older remedies, it has become impossible for the student of the present day to form his groups with the necessary accuracy; and 3d, There will often arise cases to which no one known remedy will fully correspond. As the number of our remedies increases, so will the variety of our groups,—each group, when perfectly formed, lessening the necessity of so often resorting to alternation, and in the same proportion increasing our knowledge, and the accuracy and benefit of our prescriptions.

These groups must be formed not merely from the provings, but principally indeed “*ex usu in morbis*,” the clinical observations often supplying a missing portion of the physiological proving. They supply it from a greater number of constitutions and temperaments, and under a far greater number of conditions than can be obtained in any other way. Were our provings perfect, we should have no need to resort to our *clinique* otherwise than as a corroborative aid. But the need has been felt ever since the time when Hahnemann first put forth his *Mat. Med. Pura*, and never more than at present. Many attempts have been made to supply this want, and hundreds of cases have been published to show the action of reme-

dies, and the value which should be attached to them under certain circumstances. Occasionally, these isolated cases have been of great worth, but too often great disappointment has been the lot of those who have expected the best results from the indications given. Perhaps the reporter has failed to seize and exhibit the really important points in the group of symptoms, or loaded the groups with collateral symptoms which did not really belong to it, thus overshadowing to the reader the really essential points. In all perfectly formed groups of a well-observed remedy, there will be found two sets of symptoms, the constant and the variable. The characteristic and constant symptoms are those which, when found in a given case, at once direct the attention of the practitioner to certain remedies possessing them; the secondary or variable are those which form the distinctions between these remedies, on the correspondence of which with the disease the physician will form his decision in doubtful cases.

Our acute diseases have been pretty well studied, and the clear perceptions of Hering have been followed and approved by hundreds of physicians and laymen through the media of the works on Domestic Practice. But there is yet, and always will be, room for improvement, and especially in those scores of acute and chronic cases which are daily prescribed for, in whose symptoms lurks no suspicion of fatality, and which can come under no accurate nosological arrangement, do we need the formation of these groups and the close clinical study of single remedies.

It is with these views that I offer these groups of Baptisia symptoms formed from the corroboration of the physiological proving by clinical experience.

CONSTANT SYMPTOMS.

The disease commences with *general* chilliness ; chilliness more predominant at first than heat, with dull, pressing headache in forehead, or over right eye, and extending to temple, with full feeling in eyes, and heaviness of eyelids ; pulse usually full and soft ; sleep best the first part of the night ; afterward, restlessness, with frightful or laborious dreams.

Having these symptoms as a basis, there have been observed the following groups :

Group 1. Some soreness of the body ; slight nausea ; much borborygmus ; tired feeling of the limbs ; tongue moist with yellowish coating ; restlessness at night ; urine dark and scanty ; constipation. Pulse ranging from 88 to 96 ; thermometer never above 100 degrees.

Group 2. The headache extends to occiput, and the head feels large and heavy ; considerable tenderness over abdomen, and in hepatic region, reaching through whole bowels, with occasional dark, sometimes offensive evacuations ; urine dark, sometimes burning with dysuria ; nausea, and occasional vomiting, or with dull, heavy distress in epigastrium ; heavy, tired ache in the limbs ; tongue greyish, moist and sometimes indented ; pulse from 76 to 100 ; thermometer not above 100°.

Group 3. General soreness of the body ; restlessness ; headache worse on motion and noise ; delirium, if any, mild ; soreness of eyeballs, with burning and lachrymation ; distress and pain in the epigastrium, and umbilicus, with considerable tenderness ; tympanitis ; watery dark yellow stools ; tongue dry, brownish, sore as if burnt, or at first white, the papillæ being visible, and changing to

a brownish coating ; some soreness of the throat ; skin hot, but at the same time patient feels chills run over the body ; pulse 104 to 120 ; thermometer 101° to 104°.

Group. 4. Throbbing headache across forehead, with intense aching lumbar pain, seeming to alternate with dull heavy abdominal pain ; rumbling, with constipation at first, afterward dark, diarrhæic stools ; tongue white, pulse 96 to 104 ; thermometer 101° to 103°.

These groups are generally presented during the first week of two classes of fevers, the *bilious remittent* and *typhoid*, varying, as will be observed, in intensity. In one of the cases under group 3, there were added, leathery appearance of the tongue, sordes on teeth, delirium, and petechiæ. The case came through under the action of the baptisia alone, and was very decidedly and markedly controlled by it.

Two groups of headache may be here presented, as they had in some degree the constant symptoms above noted. The baptisia was selected as the remedy from the three points, *large feeling of the head ; heaviness of the eyelids ; and the right-sidedness of the affection.*

One was, severe sharp pain in the whole right side of face, going from teeth to ear ; tongue, lips and head feel large ; desire for eyelids half closed ; and quantities of flat-tasting, viscid saliva. These pains had existed for more than six weeks, and were cured in less than twenty-four hours.

The other, throbbing over right eye, going to temple, malar bones, nose and teeth ; with lachrymation and coryza. Head feels large and eyelids heavy, menses too profuse, and every two weeks in a woman of forty-three years. The attacks had been every few days for several

weeks past. To-day, just three weeks from the administration of the baptisia, she reports that she had not had an attack since the remedy was given, neither have her menses reappeared.

I have said above, that these groups are presented in *two* classes of fevers, the bilious remittent, and the typhoid, but a better expression would have been, in the bilious remittent, in both its common and typhoid form. The true typhoid, the entero-mesenteric of Petit, the enteric of Wood, does not seem to find its perfect analogue in baptisia. These fevers are not seldom imperfectly diagnosed, and we are apt to call any fever that assumes a typhoid form, typhoid fever, thereby conveying the same impression which we do by the terms nervous fever, enteric fever, or continued fever. In bilious fever we find a general and often intense tenderness of the entire abdomen, or in the epigastrium, or around the umbilicus, while in enteric fever, there is much less tenderness, and that located mostly in the ileum, near the cæcum, over the seat of Peyer's glands. Again in bilious fever, aside from the greater or less yellow tinge of the conjunctivæ, and the proofs of bile in the urine or stools, there is more or less strongly marked remission of the symptoms during some portion of the twenty-four hours,—sometimes amounting to a well defined intermittent,—which is never remarked in true enteric fever. The anatomical lesions too are different, the ulcerations of the glands of Peyer and Bruner in enteric fever being so constant as to decide the disease, and are never noticed in bilious fever. To this true enteric fever, so unpleasantly common in some sections during the fall and winter months, the Baptisia does not seem generally applicable,

but to the bilious fever, although assuming a typhoid form, it is especially appropriate, and will seldom disappoint, when given according to the indications laid down. Perhaps I should further limit its most marked and beneficial action to warm, wet seasons, when there is the greatest tendency to the production of mould and miasmatic influences.

These views may, and do differ from those offered by others, but they are presented as the result of observation.

During the past two years, there has been a decided increase in the frequency of fever of a bilious type, and our communities have suffered more than formerly from either inertia, or over activity of the hepatic function. Therefore, there has been observed a change in the power of those remedies, which had almost been considered infallible in certain nosological diseases. The reason is to be found in the change of type, caused by changes in the character of the seasons, every medicine having certain atmospheric relations, as well as pathological.

Other groups of baptisia are being formed, but are not considered sufficiently perfect to offer to you now; many single symptoms, however, have been relieved by it, among which are:

Pains of a pressing or drawing character, worse on motion, relieved by rest.

The best sleep before 3 A. M., afterwards restlessness and bad dreams.

Soreness of eyeballs, with burning, and lachrymation; oozing of blood from the gums.

Menses increased, too soon, and too profuse.

VII.

HYDRASTIS CANADENSIS.

BY W. WILLIAMSON, M. D., OF PHILADELPHIA.

This substance is intensely vegetable. It possesses no narcotic properties, and very little astringency, but is remarkable for the strength of its taste and the amount of coloring matter it contains.

The medicinal properties are contained in the root. It is used in the form of tincture made with alcohol, and in triturations made with sugar of milk. There are three salts which have been prescribed occasionally, called the muriate, sulphate, and iodide of hydrastis ; but, so far as I know, we have no provings of these preparations.

The hydrastis acts prominently on the mucous membranes, especially those portions of the tissue which are partially exposed to the action of the atmosphere, as the cavities about the head, the eyes, nose, mouth and throat, and also the urethra and bladder, the vagina and uterus, and the rectum. It also acts very decidedly on the skin, and has produced some remarkable cures of erysipelas, small-pox and chronic ulcers. It appears to hold a relation as important in the treatment of chronic ulcers, and perhaps of all diseased surfaces with granulations, as arnica does to bruises, calendula to lacerated wounds, or

thus to sprains. It acts favorably on the organs of secretion and the glandular system generally, especially in persons of a cachectic habit, and in those of scrofulous tendency. It is recommended for patients about recovering from protracted diseases of a febrile character, which are accompanied with much gastric and bilious disturbance, or complicated with the deleterious effects of preparations of mercury and cinchona. Beside its direct action on the organism, it possesses the power to some extent of correcting the fault of over medication with other drugs, and of assisting to free the symptoms of ambiguity from that cause, thus rendering the selection of the proper homœopathic agent a task of greater ease and certainty. There is an observable similarity between the symptoms produced by the mecurial preparations and the *hydrastis canadensis* on the mucous membranes and glandular structures, which circumstance accounts for the power of the latter to neutralize the pernicious influence of the former, in many cases of disease which fall into our hands after having been subjected to old school treatment. This remedy can often be given with advantage in cases where the system does not seem to respond to what appears to be the appropriate remedy, for the purpose of increasing susceptibility, as we sometimes give *coffea*, *nux vomica*, *opium*, etc. It seems to possess the power of alleviating the symptoms of many patients whom it will not cure.

Hydrastis has been used for a great many years; first by the Indians; then in domestic practice, and by some of the older physicians who were in the habit of paying attention to the claims of indigenous plants; later, by the fatuitous seekers after specific medicines; and still more recently by some of the pioneers of the homœopathic

school in the west. And from the concurrent testimony of the opinions which have been given of its usefulness, we are justified in assigning it a prominent place in our materia medica; but notwithstanding all this, its true position and importance cannot be ascertained until it shall have been tested in the treatment of the sick by the rule of symptoms from intelligible provings, according to the law *similia similibus curantur*. For the purpose of ascertaining the therapeutic value of any medicine, its symptoms from provings must be carefully studied, and then it must be prescribed in the treatment of the sick in strict accordance with the homœopathic law. Any other course will fail in the end, disappoint the practitioner, and injure the reputation of the medicine. No cross cut can ever be successfully substituted for the patient study of the symptoms, genius and characteristics of a remedy, for the purpose of finding out the right way to employ it in the treatment of disease.

It often happens when a new remedy with a long list of symptoms is introduced to the profession, that some practitioners seem to think it is possessed of the power of universal healing, and prescribe it with a recklessness that is truly remarkable. They prescribe off-hand, without taking the time and trouble necessary to acquaint themselves with its homœopathicity; and of course are disappointed at the result, condemn the remedy without further trial, and lay it aside as useless. Such practitioners find it difficult to divest themselves of their distrust of remedies caused in this way, even after they have stood out their probation and given full proof of their value and efficiency. Many homœopathic physicians can remember when, in their early experience they so used to

prescribe aconite, belladonna, calcarea carbonica, chamomilla, lachesis, nux vomica, pulsatilla, sepia, sulphur, etc., and on account of their failures lost confidence in the remedies; and even to this day look upon some of them with distrust, and condemn others as inert and useless. Such treatment of old and long-tried remedies may be excused in uninstructed beginners; but a similar employment of new remedies, by practitioners of longer standing and better opportunities, calls for condemnation. Although the physical properties of an unproved mineral substance, and a knowledge of its chemical affinities, will not disclose the qualities of its therapeutic action, still, by comparing it with another substance of similar character and affinities, the medicinal action of which is known, we can form some estimate of its importance, and the probable sweep of its operation. Neither will the ascertained family relationships, (of natural family, etc.) together with the taste, odor, color and formation of a vegetable substance afford full proof of its value and efficiency as a medicine, yet enough can be learned by a study of its physical properties, and comparison with the symptoms of well proven articles of near relationship, to convince a physician who is skilled in the science of our materia medica, that it must possess medicinal properties of a valuable character. A number of medicines of importance now in daily use were first chosen for experimentation from considerations of this kind. So far as tangible qualities and family relationships are concerned, everything about *hydrastis canadensis* gives evidence of significant value. But if it should prove to be estimable as a condiment, the circumstance would detract somewhat from its reputation as a medicine.

The *hydrastis canadensis* has been trained for future employment by being proved on the healthy and administered to the sick, and is about to be re-introduced to the profession for general use ; but whether the favorable expectations of its provers will be realized or not remains to be seen.

After making due allowance for unjust criticism, failures from indiscriminate prescription, and other hindrances to the reception of new remedies for a time, this article will, no doubt, be ultimately accepted as a valuable addition to our *materia medica*.

VIII.

ON THE EFFICACY OF HOMŒOPATHIC MEDICINES IN CERTAIN ORGANIC DISEASES.

BY DAVID THAYER, M. D., OF BOSTON.

1st. Rachitis. On the thirty-first page, third line, of Jahr's Manual of Homœopathic Practice, one reads: "For incurvation of the hollow bones and swelling of the joints, asa. calc. silic. and sulph. have been most frequently administered."

It is now more than twelve years since I began a series of observations of the powers of homœopathic medicines in that manifestation of rachitis observed in the bow-legs of children.

My first case of cure of incurvation of the legs was begun on the 18th of June, 1855. The patient was Ella, daughter of Mr. N., of Tremont Street. When visiting a patient in the family, I observed little Ella, a very healthy child, was wearing iron braces for the purpose of straightening her legs, which were very much curved. At my suggestion this apparatus was removed, and I gave sil. 30, to be taken once a month. The legs steadily improved. I gave no more medicine, and nothing more was done. The patient, now a young lady of more than sixteen years, is as straight limbed and as graceful in her gait as if rachitis had never been heard of.

A son of Mr. W., of Federal street, age three years, was observed hobbling about with the iron harness on his bow-legs. I promised a cure with nothing but the "*sugar pills*," and the irons were removed. In six months the most critical observer could discern no deviation in the legs. In this case I gave sil. 6th, twice a week for a month. About two months later, the mother called for more medicine, saying her child was not quite cured. I gave the same remedy, which lasted a few weeks only. The cure was complete.

A son of Mr. R., of Dorchester, age three and a half years, a bright boy, with a large head, was observed to be awkward in his gait, and that the knees, the ankles and the wrists were too large. I was called, and on examination found an extraordinary enlargement of the lower extremities, of the long bones, deviation of the tibiæ and the fibulæ, with a remarkable anterior curvature of the femora. Sulphur was administered at first, which checked the abnormal growths at the joints at once. I afterwards gave silicea, and still later, calc. c. 6. The cure was rapid, and nearly complete at my last visit.

The above may be regarded as type specimens.

During the last twelve years, I think I may say that I have never been without a case of rachitis under treatment, and that I have not once failed of a perfect and complete cure. The remedies given are silicea, sulphur and calc. c. And whichever remedy I gave and of whatever potency, the result has been the same. Whether I gave the 30th of silicea, or the 3d or the 6th of calc. c. or the diluted tincture of sulphur, a cure was the invariable result. Indeed so extraordinary has been my success in these experiments, during so long a period,

that I cannot resist the suspicion that many of the cases of incurvation of the hollow bones in rickety children would result in spontaneous cure, if left entirely to the kindly ministrations of nature. To this, perhaps groundless suspicion, however, I would respectfully ask the attention of all medical practitioners.

2d. Disease of the Heart. Having learned many years ago the great value of bromine in affections of the heart, my attention has been drawn particularly to some of the disorders of that organ, as well as to the several remedies which seem to exercise control over its actions.

Hypertrophy of the heart,—the symptoms of which are so well known to the experienced practitioner, that I need only mention the violent palpitation, the suffocating feeling, the dyspnœa, the fainting, the unmistakable and constant *bruit de soufflet*,—has been cured in so many cases that their number need not be mentioned.

In cases in which bromine has failed, *cactus grandiflora* has been found of so great a value that it should be ranked next to bromine, and in the order of their value, *arsenicum*, *digitalis* and *staphysagria* should follow.

Miss P., a young lady whom I treated a long time with but little benefit, told me, some years after she had passed from my care, that Dr. D. O. Johnson, of Chelsea, had cured her with *staphysagria*.

A son of Mrs. L., of Roxbury, had congenital disease of the heart, and is now well, having been cured by bromine alone. Where anæmia is accompanied with over-action of the heart, the *bruit soufflet* and *anasarca*, I know of no remedy comparable to bromine, except *arsenicum*.

Miss D., a teacher, who had been pronounced incurable by her allopathic physician, suffered from what is called organic disease of the heart—the symptoms being, anæmia, general anasarca from head to feet, violent palpitation of the heart from slight movement or excitement, coldness of the extremities and leucorrhœa. She was cured speedily by the 10th potency of bromine. The potencies which I have used are the 7th to the 12th.

Many other cases which might be mentioned could add but little except numbers to the strength of the testimony in favor of these remedies, at the head of which stand bromine and *cactus grandiflora*, for diseases of the heart.

3d. *Gallstone*. Two years ago, I reported to this Society my remedy for gallstone, which I claimed to have discovered many years before to be a *radical* one. And I brought forward a number of cases, gathered through a period of eleven years, to confirm that opinion. I have now to add that thirteen years have elapsed since I made the first demonstration of the efficacy of *china officinalis* as the remedy for gallstone, and that I do not know of a single individual with that disease, who has taken the remedy but has been cured. I ought to add that one of these persons has recently felt a sensation which causes her to fear the return of the disease, though no spasm or paroxysm has been experienced, but only a great fear that it will occur. She has sent to me for advice and I recommended *china* 12th, having never previously given her anything higher than the sixth. I take the liberty to mention this, for the reason that when I made my first report on gallstone, two years ago, I promised you that I would faithfully announce any exception to the universal-

ity of the cure if one should occur. This person is Mrs. C., of Cambridge, now of New York.

I have thus briefly stated the results of a long and careful observation of the efficacy of some homœopathic medicines in these three diseases. It is by diligent and protracted observation and experiment *only*, that our uncertain art of healing may become more certain,—that doubt and obscurity may give place to certainty. Who will be the first to announce to the world the specific for carcinoma? Who will declare for phthisis pulmonalis the remedial agencies by which homœopathy shall win immortal fame? Does any one doubt that Nature has in her ample storehouse the agents whose occult virtues may yet antidote the virus of every disease? When shall we find the true homœopathic remedy for mollities cerebri? If glaucoma has been cured by phosphorus, where is the oculist who will tell us the homœopathic remedy for lenticular cataract? What will be found to be the remedy for varices of the legs? Will the homœopathic use of pulsatilla, long continued, or the magnes australis, ever be found to possess the mystic power? If calc. c. and sil. exercise such influence over the osseous tissue, and bromine, cactus grandiflora and arsenicum over the heart, why may not ferrum metallicum, graphites, or sulphur yet reveal the specific qualities by which the weakened and exhausted valves and parietes of the veins of the legs may be strengthened, to enable the veins to support the column of blood in its long and tortuous journey to the heart?

IX.

CASES FROM PRACTICE.

BY E. M. HALE, M. D.

I hold that plain, truthful clinical contributions aid more in the advancement of the art of healing than any other contribution we can make. A clinical record goes very far to prove or disprove the reliability of our *materia medica*. It tests the value of a pathogenesis, or a group of symptoms in a pathogenesis; and it may establish or verify a characteristic symptom that may be handed down to physicians as immutable. In reporting clinical cases much depends on the manner they are reported, whether they will be of value to the profession or not. A majority of such cases are written in such a bungling and unmethodical manner that they had better never have been recorded at all. Of what value is a case in which every day the remedy or remedies have been changed, and in which twenty or more medicines were used before the patient recovered? We are left in doubt which medicine effected the cure, or whether medicines really had anything to do with the recovery of the patient. In other cases, there is the strongest probability that the disease was self-limited; that, had the natural history of the malady been known, we should have been aware that if no medicine had been given, the patient would have recovered just as soon. Of what value is a report of

cases of typhoid fever, of a non-malignant type, which were discharged convalescent on the twenty-first day; of cases of rheumatism lasting thirty days; or scarlet fever of nine days' duration? It is known to all educated physicians that in each case a recovery would have ensued had no medicine been given. This *proposition* may be set down as correct, and can be maintained by logical argument:

Unless the disease or group of symptoms has been cut short or dissipated by a single remedy; or, unless a symptom or condition of ominous nature occurring during the course of a disease has been promptly removed, such clinical record should not be reported.

The neglect to make this proposition a rule to govern clinical observation has given rise to a large amount of unreliable testimony, and filled our journals with useless reports. The following cases are not given as models, for they do not reach the ideal standard which should be attained. I only claim for them some approach to a more definite manner of reporting clinical observations.

Case I. Asclepius tuberosa in Pericarditis. A young man, a printer, of good habits, and not subject to rheumatism, applied for relief from a "pain in the side." Three days before, in the evening, he had stood by a window while in perspiration, and exposed to the cool, damp lake-breeze for some time. He felt chilly, and put on his coat, but the chilliness did not leave him until in the night, when he felt feverish and had a pain in the left side, which was aggravated by respiration and movement. The next day he took some cathartic pills and some "salts"; and the next day tried to "sweat the fever off," but he received no benefit from this rude domestic treatment.

When I first saw him, his skin was hot, pulse 100 to 110, some headache, white coated tongue, slight dyspnœa, aside from the painful respiration. The pain in the chest was acute, and was felt on inspiration, movement of the arms, stooping forward, or lying on the left side. The pain was located at the point where the apex of the heart strikes the parietes of the chest, but it would occasionally shoot back under the scapula. There was not much pain in the shoulder or arm, only an indescribable uneasiness.

Physical signs. The heart's impulse was felt much harder than normal, but regular. The sounds of the heart louder. Percussion showed dullness over a greater extent than normal. This dullness was not caused by effusion, for the washing sound was not present. Auscultation showed the rubbing sound, but not to the extent of the creaking-leather sound. Pressure on the intercostal spaces caused some pain, especially over the region of the heart. The patient was still able to visit me at my office, but had no appetite, and felt quite weak. Urine rather scanty and high colored: bowels regular.

DIAGNOSIS. *Sub-acute pericarditis.*

Prescription.—Bryonia 3d. One drop in a spoonful of water every three hours.

I felt confident the bryonia would relieve him, but to my surprise he was worse the next day. He was directed to keep the recumbent posture, and take the bryonia every two hours. There are some physicians of our school who would have considered this a medicinal aggravation. But I so rarely see such aggravation, except from the high potencies, that I could not take that view of it. The correct estimate of an aggravation of symp-

toms after giving a remedy is,—that the aggravation is to be accounted for in the natural progress of the disease, and not from the effects of the medicine. If physicians would study the natural history of disease, they would not commit the error of mistaking the natural for medicinal aggravation. No improvement occurring in twenty-four hours, I made a second prescription. *Asclepias tuberosa*, 1st dec. dil. ; two drops every two hours.

By referring to “New Remedies,” it will be seen that I consider the *A. tuberosa* a very close analogue of *Bryonia*. It has long had the reputation for curing pleurisy; so much so that “Pleurisy Root” is one of its most common names. I did not prescribe it empirically, however, for its limited pathogenesis shows it to be indicated in this case.

In Dr. Savery’s provings, we have,

Necessity to inspire hurriedly, followed by a sensation of oppression. Pricking pain in the region of the heart. Contracting pain in the heart.

In Dr. Nichols’ proving, we find,

Sharp pains shooting from the left nipple downward. Pain beneath the left nipple, with palpitation of the heart ; this pain made respiration painful, especially at the base of left lung, which is dull on percussion, while the cough was dry and spasmodic. The spaces between the ribs close to the sternum are tender on pressure, and the pain which is quick, darting, and more acute than at first, shoots over to the right side. The pain shoots up to the left shoulder, which is painful on motion : the pain returned (often on amelioration) on coughing or drawing a deep inspiration. Several other symptoms of this

prover pointed to its direct action on the serous membranes in the thorax.

In Dr. P. H. Hale's provings,* he had: *Fever with pungent heat. with sharp, pleuritic pain in right lung, upper portion, with tightness across the chest, also tenderness between the ribs.*

Two days after this prescription, my patient came into my office and reported himself much improved. He could now breathe and lie down without pain. His cough and dyspnœa were slight. The heart's action was nearly normal. All the ominous physical signs of pericarditis had disappeared. Pulse soft, and 75. He made a *rapid and complete convalescence.*

Case II. Graphites in Chronic Diarrhœa. A lady about sixty years of age applied for the treatment of a chronic diarrhœa, of several years' duration. She was a large, obese woman. The long-continued discharges had not seemed to reduce her weight. She complained, however, of great weakness; a short walk exhausted her very much. Her appetite was good, but digestion was carried on imperfectly. She had acidity of the stomach, and often regurgitation of food; a heavy, brownish coat was on the tongue nearly all the time. It would occasionally loosen and leave the tongue unnaturally red and sore. But little pain in the abdomen occurred during the time she was under my care. The diarrhœa was not uniformly present every day. Even when not taking medicine, a day or two of respite would intervene, but such days were always followed by increased discharges. The evacuations occurred at irregular intervals; at times, fifteen or

* American Hom. Observ. Vol. III., p. 354.

twenty at night, and none the day following, or *vice versa* ; at other times every three or four hours throughout the twenty-four. The appearance of the discharges was quite uniformly the same. They were *dark, brownish, foamy, half digested, very fetid* ; a sourish putrid odor. A trace of mucus was occasionally discovered, but no pus or blood. The quantity of each stool varied from half a pint to a quart. Thirst was a constant symptom. *Before stool*, rumbling, nausea, but little pain. *During stool*, burning at the rectum. *After stool*, much faintness and languor.

My first prescription was the one I have found most useful in such cases, and with which I succeeded in curing the majority of cases of chronic diarrhoea among soldiers during the war.

Arsenicum 3d and nitric acid 3d, alternately three times a day.

Under these medicines the general symptoms greatly improved. The condition of the tongue, the state of the stomach, the profuseness and nightly occurrence of the evacuations ceased, and her strength returned, but the essential character of the diarrhoea did not change. The same remedies were prescribed in the 30th potency, but with no increased benefit. Calcarea, phosphorus, phosphoric acid, sulphur, podophyllum and leptandra were prescribed, and each tried for a week or more with no better result. One day the patient mentioned, incidentally, that she once had an eruption on the hypogastrium and pubes, which had been cured by some ointment. Her description of the eruption corresponded with that caused by graphites. All medicine was suspended for ten days, in order to have a clear field for operations. During this

period the diarrhoea was as bad as it had been for several weeks.

Graphites 6th decimal trituration was then prescribed. Two grains three times a day. Improvement commenced on the third day and continued uninterruptedly until she was cured. *In a few days after commencing the medicine an eruption appeared on the pudendum and inner thighs.* This she recognized as the same she was troubled with before the diarrhoea begun. This eruption gradually disappeared under the use of *graphites*.

Nearly a year elapsed before I again prescribed for the patient. The diarrhoea returned "after taking cold." She allowed it to continue a week when she sent for "the same powders." *Graphites* 4th was sent, and a prompt cure resulted. Since then, nearly two years, she has had excellent health. This case illustrates how an antipsoric can be used with great benefit for the effects of a repelled eruption. In this case not only did the eruption resemble that caused by *graphites*, but the diarrhoea consequent on its disappearance had a marked similarity to the *graphites* diarrhoea. (See *Symptom. Codex*.) I refer to this great work, because the symptoms referred to are not found in any of the abridgments of our *Materia Medica*. I wish in this place to record my earnest protest against the unwarrantable liberties taken with the complete pathogeneses handed down to us by Hahnemann and his fellow provers, or with any pathogenesis whatever. The very symptoms thrown aside as valueless and unreliable, or seemingly trivial, may be the very symptoms which we need to find when searching for a remedy. To all such despoilers of our *Materia Medica* we should cry, Hands

off! Let us keep the original provings in their completeness, unmutilated by impertinent intermeddlers. Many years of study of our Materia Medica has taught me not to rely on any of the abridgments. If I wish to study a remedy thoroughly, or desire to find its characteristic symptoms, the *Symptom. Codex* is the work to consult. Had we in our possession the day-books of the original provers, there would be little left to be desired, except of course, chemical analysis and microscopical examinations of the secretions, etc.

X.

CASE OF WHOOPING-COUGH CURED WITH
CORALLIUM RUB.

BY S. M. CATE, M. D., OF SALEM.

Carrie, daughter of Mr. — two years old, was taken with whooping-cough, which commenced about the 4th of June, 1867. It was mild in its commencement, but developed rapidly, so that at the end of a week she coughed violently. The paroxysms were frequent, and the spasms of the glottis and larynx were so severe as to produce a sound, in coughing, similar to spasmodic croup. She had at first ipecac and cuprum met. in alternation, with but little effect. Spongia seemed to modify the cough a little, but only a little. Dros. had very little if any effect. For a day, bell. helped a little, and then ceased to have any effect. Bry. seemed to relieve a kind of feverishness for a couple of days, but had no influence on the cough. The treatment thus hinted at lasted for about sixteen days. Her condition then was such that she had paroxysms of cough, each ten or fifteen minutes, with occasional intervals lasting an hour. The cough *was worse the latter part of the night and forenoon, better in the afternoon and evening.* She seemed quite weak, with quick pulse, white coated tongue, considerable thirst, no appetite, enlarged pupils, and rapid loss of flesh.

June 22nd. At 8 P. M. she had corallium rub., 4th decimal trit., a powder each two hours. The effect was perceptible that night. The paroxysms that had been uniformly worse and more frequent the latter part of the night were lighter, and at longer intervals.

The medicine was continued at longer intervals; after three days, a dose each three hours in the daytime, with one or two doses in the night.

30th. The improvement has been steady. Now she goes from two or three to eight or ten hours between the paroxysms; she is taking corallium rub., fifth decimal trit., a dose each three or four hours in the day, and one dose in the night. The improvement went steadily on to a cure, and no other medicine was used.

To bring the use of corallium more distinctly before the mind, I will say a few words about the indications for some other remedies in whooping-cough. Ipecac and cuprum metallicum, the former in the second dilution, and the later in the fifth decimal trit., have cured a large portion of the cases of whooping-cough that have come into my hands for many years. In cases which can have personal care, ipecac is usually given alone in the first stage, and cuprum in the second, with success, a dose each two or three hours when awake. But in many cases, these two remedies are given in alternation, with very satisfactory results. If sent to parties in the country, who can give but little more definite information than that the child has whooping-cough, and if given to persons who would have little ability to discriminate as to the nicer shades of the symptoms, and to whom I could not give conditional directions, the two above-named remedies are

alternated, a dose each three or four hours, and the parties are informed that if the remedies do not have the desired effect, the patient should be seen.

On examination, local complications are sought. Where pneumonia, as evinced by physical signs, is present, phos. third, and tartar emetic, second decimal, are given with success. If the pneumonia is complicated with pleuritic inflammation, bry. will cure. After either of these remedies has removed the local difficulty, the cough usually subsides without further treatment than an occasional dose of the same remedies. It ought to be mentioned, also, that any other complication needs to be removed first, and in most cases the cough will improve and disappear with it. Thus, in cases where the brain is inflamed, helleb. nig. or bell., or these two in alternation will generally succeed. In one case with pericarditis, for which spigelia seemed indicated, it was given, cured the pericarditis and whooping-cough also.

The rule, to cure the complication if there is one, and then the original trouble if it remains, cannot safely be disregarded : and when it is adhered to, and we have an idiopathic whooping-cough, or one stripped of its complications, ipecac and cuprum met., *when it is worse in the afternoon and first part of the night, and better in the latter part of the night and in the morning ;* and corallium rub., *when it is worse in the latter part of the night and in the morning and forenoon, and better in the afternoon and first part of the night,* are indicated.

As to location, the corallium cures when the larynx and trachea are most involved, and the ipecac and cuprum when the chest is more involved.

Belladonna is useful in cases with moderate symptoms of congestion of the brain. Hyoscyamus when the cough is dry, and *much worse at night*.

Coccionella, with inflammation of the bronchia and asthmatic complication, second decimal trituration, has served me well.

XI.

REMARKS ON SOME OF THE MORE COMMON
FORMS OF CONJUNCTIVITIS.

BY H. C. ANGELL, M. D., OF BOSTON.

Simple Conjunctivitis, the result of slight injury of the eye, the contact of a foreign body, or of exposure of the eyes to dust, smoke, glare of light, impure air, prolonged exertion or of other local causes, generally requires no active treatment. Rest, more or less absolute, and ordinary hygienic precautions usually suffice, in a few hours or days, for the complete removal of the disease. The application of cold or tepid water does no harm, nor does the administration of euphrasia in either high or low dilutions, so far as I am aware. When the history of a case, however, is doubtful, it may require a delicate discrimination to determine whether a reddened eye be merely a conjunctivitis simplex, or indeed a conjunctivitis at all. For instance, in the simplest conjunctivitis, we have in place of the usually invisible vessels of the conjunctiva, a net-work of bright red vessels plainly seen to be superficial, and which are of course movable by the touch of the finger over the smooth surface of the sclerotica. On the other hand, in conjunctivitis granulosa and in conjunctivitis catarrhalis, when severe, and in conjunctivitis lymphatica one notices close parallel lines of immovable

subconjunctival vessels running towards the edge of the cornea, and forming around its circumference a dull, pinkish red zone. This zone formed by the congestion of the deep seated vessels of the conjunctiva is best seen usually in acute iritis. Another redness of a decided violet or purple tinge is seen in scleritis and episcleritis. It appears nearly always in rather large and tolerably well circumscribed patches, and is not unfrequently mistaken by the general practitioner for conjunctivitis phlyctenia, although the bright red color and papular appearance of the latter, and the peculiar color of the deep seated spots of the former, render the differential diagnosis easy.

Catarrhal Conjunctivitis in its early stages resembles the simple form in appearance. There is the same congestion of the superficial vessels of the conjunctiva; but as it progresses, the lids become visibly swollen at the edges, the palpebral conjunctiva is distended from serous infiltration, particularly at its reflected portion, its papillæ are enlarged and its surface presents a velvety appearance. There is a secretion of clouded mucus alternating sometimes with a secretion muco-purulent in character. This discharge is often abundant, but rarely as profuse as in purulent conjunctivitis, and is slightly contagious. Probably the contagiousness is in direct ratio to the increased admixture of the pus globules in the discharge. A healthy conjunctiva may be successfully inoculated with the secretion of an acute catarrh.

The subjective symptoms are not very characteristic. There is the common symptom of a feeling at first of a dryness, and as if sand or some foreign body were in the eye, and there is a heavy uncomfortable feeling about the lids which leads to a desire to rub them, and frequently a

slight burning and smarting sensation is complained of. There is never severe pain, nor is the photophobia marked. The above subjective symptoms vanish, of course, almost entirely as the case becomes chronic. As to the treatment it should be very simple in acute cases. No doubt acute catarrh of the conjunctiva, under proper hygienic conditions, and under circumstances controlling the causes which have produced it, disappears frequently in the course of a week or two without any treatment whatever. The patient will, however, experience great relief in the first stages of the malady from the use of cold water compresses, and afterwards when the inflammatory symptoms are less marked, an astringent collyrium of one to three grains of sulphate of zinc, or of one grain of nitrate of silver to an ounce of water, a drop or two of which may be conveyed into the eye by means of a camel's hair pencil, will shorten greatly the duration of the affection. To the same end the administration of remedies suitable for acute catarrhal affections generally, or for an influenza, such as *acon. arsen. nux vom.* are serviceable. When the disease has become chronic, it is less amenable to treatment, but nevertheless, usually yields to the appropriate local applications conjoined to strict hygienic regulations. If the weak astringent collyria already mentioned prove insufficient, a stronger application of *arg. nit.* should be substituted, say a solution of five to ten grains to the ounce of water. This, however, should not be used as a collyrium. The lids, upper and lower, should be everted and held in this position with the left hand; the patient should close the eye gently, this will bring the everted lids together and prevent cauterization of the cornea. The conjunctiva thus exposed is

painted by means of a camel's hair pencil with this solution, which after a second or two is rapidly washed off with tepid water from another pencil. If the pain is afterwards severe, it will be relieved by bathing the eyes in cold water, by cold compresses, and frequently through simple contact of the eyes with the cool out-door air. Often a few applications like this at unfrequent intervals, cures the patient. In any event it should not be made very often, not oftener usually than once or twice in a week. Some tact is necessary in order to make successfully an application of this kind, and some observation and experience are necessary in order to determine when to do it, or whether to do it at all.

For instance, if active inflammatory symptoms are present, such as a very bright red congested and swollen conjunctiva, when the subconjunctival vessels are visibly involved, and when the ciliary nervous system is sensitive, as shown by pain and photophobia, irritating applications must be strictly avoided. If there is agglutination of the lids in the morning, an application of simple cerate, or of a grain or two of white precipitate to a drachm of the cerate, a small portion to the edge of the tarsi at night will remedy it, and if blepharitis be present, a not unfrequent complication in old cases, a grain or two of red precipitate to a drachm of the cerate applied to the edges of the lids at night will be very serviceable. A great many kinds of collyria have been got up from time to time by physicians of an inventive turn of mind, but, as the object of all is simply to create an artificial irritation, it matters less what particular form is used, than the time and manner of using it. A grain of nitrate of silver, one or two grains of sul. of zinc, or sul. of cop-

per, two grains of crude alum, four grains of common salt, ten grains of tannin, a half drachm tinc. opium or the same quantity of pure alcohol—these each to an ounce of pure water give usually variety enough. In recent cases, it is better to commence with half the above quantities to the ounce of water. In inveterate chronic cases it may be advantageous to use them sometimes stronger than I have indicated. I make it an invariable rule to see that a collyrium which the patient takes home and applies himself, be not too strong. It is necessary also, to remember that in a conjunctivitis occurring in two individuals of different nervous organizations, wherein each case it seems to be of the same nature and to require the same remedy, one may use a wash with great benefit which the other may be quite unable to bear, and the use of which, if persisted in, may add to the severity of the symptoms and prolong the duration of the affection. Whenever, therefore, there is the least doubt about the strength of the solution, it is advisable to instruct the patient that if the pain after its use continues beyond a minute, it is too strong, and it should be diluted with an equal quantity of water. It is safer, also, to direct that the collyrium be used not oftener than twice a day. This will allow time for reaction in the inflamed surface, and more frequent application can be reserved for exceptional cases. The object of all applications of this kind is to produce a temporary irritation, and so long as this artificial irritation remains as a result of one application, no second should be made. Strange as it may seem, it has been my experience when called in consultation with physicians of our school, to find that in conjunctivitis complicated and uncomplicated, collyria when used at all

have been usually too strong, applied too often, and more frequently than all, applied to eyes already too sensitive and irritable.

And now as to the internal medication. In chronic catarrhal conjunctivitis, I administer merc.* hepar, arsen. hydras. cimicif., and very rarely other remedies, unless for the removal of troubles which, disconnected or remotely connected with the eye, affect the general health of the patient. Those internal remedies which are serviceable in chronic nasal catarrh, and their name is legion, as recommended in our books, are undoubtedly serviceable in this disease also. Such of us as have accomplished cures of chronic catarrh with internal remedies, will have less need of local measures in catarrhal ophthalmia than others of us who have not. When I hear or read of chronic catarrh cured by the administration of meadow anemone in either high or low dilution, I suspect it at once to be of that intermittent kind which comes regularly during the pleasantest season of the year, and disappears as regularly as it comes. In chronic conjunctivitis of all kinds, great attention should be given to hygienic regulations. The sensitive eyes should be protected against bright light, during the day or night, by plain blue or smoke-colored glasses, which will afford also a measurable protection against wind and dust. The patient should use the eyes with great moderation especially by artificial light, and should particularly avoid all places where the air is

* I prescribe merc. and hepar indiscriminately for profuse secretions of purulent or muco-purulent matter; arsen. frequently in cases complicated with ulceration of the cornea; cimicifuga and hydrastin when the ciliary irritation is marked. I purposely omit all allusion to subjective symptoms, because practically I find them of no service in the selection of a remedy except when they aid me in making a clear diagnosis. It is of no moment for me, to know that my patient's eye is better or worse before or after blowing his nose or eating his dinner.

necessarily impure, such as crowded rooms like the theatre, lecture-room, ball room, or rooms where tobacco smoke prevails. He should be counselled also to avail himself as much as possible of the beneficial influence of a pure out-door air. The patient should be advised that when necessary to use the eyes in reading, writing, or fine work, preference should be given to the morning hours when the light is constantly growing better.

Purulent Conjunctivitis, which according to the latest writers is to be regarded as a severe form or variety of catarrhal conjunctivitis, is distinguished from the latter by the character and greater abundance of the secretion, the greater swelling of the lids in consequence of the serous infiltration being also sub-conjunctival, the marked injection of the sub-conjunctival vessels as well as the increased vascularity of the conjunctiva proper, the chemosis so frequently present, and by the increased size of the mucous papillae which are so often falsely termed granulations. One of the most practical and certain methods of determining at once whether you have a blenorrhœa or a simple catarrh to deal with is by the easy proceeding so long taught in the clinics of Prof. Arlt of Vienna. The upper lid is to be everted, and if the conjunctiva is sufficiently transparent for us to see the lines of the meibomian glands running towards the edge of the tarsus, we have a catarrh; if the infiltration is so great as to hide these glands, we have no longer a catarrh but either a purulent, a granulated, a diphtheritic, or some graver form of ophthalmia. In purulent conjunctivitis the cornea is much more apt to become involved, and this form is of course much more contagious. The treatment during the inflammatory stage, in which there is often considerable

fever, must be purely antiphlogistic. Ice water compresses should be perseveringly used, and these with the perfect quiet of the patient, and the administration of aconite suffice to control measurably the acute symptoms. I have never resorted to the use of leeches, and I have often seen them used in these cases when I thought them unnecessary. If but one eye is attacked, the other should be bandaged as a precautionary measure, and in all cases of purulent ophthalmia the attendants should be warned that the greatest cleanliness and attention to the contagious character of the secretion is necessary for their own safety. After the inflammatory symptoms are subdued, as shown by the diminished swelling of the lids, and the pale red and relaxed condition of the conjunctiva, a cautious use of astringent collyria is indicated. If the cornea is involved care must be taken that the application does not come in contact with it.

Ophthalmia Neonatorum is a variety of this kind of conjunctivitis in which the cornea is very often involved. We ought never to neglect to determine by fair ocular inspection whether the cornea be intact or not, because upon this circumstance alone depends the nature of our prognosis. It is not a very difficult matter to obtain a view of the cornea even when the lids are very much swollen. The child is to be held by the nurse, its head resting between the knees of the surgeon, and in this position there is generally little difficulty in forcing the lids apart. If the fingers alone are insufficient in consequence of the swollen condition of the conjunctiva a speculum can be used. It is remarkable how averse physicians are to this simple procedure, but in no other way can a case be treated intelligently or conscientiously. Our blind

asylums are filled principally with neglected cases of this kind. In the beginning cold compresses must be freely used, and these with careful removal of the secretion and the appropriate internal remedies often suffice to cure the patient. Frequently the discharge will be found to be catarrhal simply. But if after a few days the case does not progress favorably, the conjunctiva becomes more swollen, its papillæ more prominent, and the discharge purulent, resort should be had to a collyrium of one or two grains of argen. nit. to the ounce of water. This should be dropped into the eye, after it has been carefully cleansed from the discharge, twice a day. In a few days, if the profuse discharge still continues, and especially if the slightest haze upon the surface of the cornea indicates a complication in this direction, a solution of five grains of the nitrate of silver to the ounce should be painted with a brush upon the everted lids and immediately washed off with tepid water or neutralized by the application of a solution of common salt and water. No evil consequences whatever can result from this proceeding, and not unfrequently the beneficial results of it are seen after a single application. It need not be often repeated. Cold compresses should be employed to lessen the irritation immediately afterwards, and I prefer as internal remedies, after aconite in the commencement, mercurius, and occasionally arsenicum when the discharge is thin and profuse. It is advisable in this as well as in all other forms of conjunctivitis, when there is ulceration of the cornea, to bandage the eye closely so as to prevent all friction between the lids and the ulcerated corneal surface. I will give a case or two in illustration of this mode of treatment.

Mrs. G., of Boston, brought to me her babe, three weeks old. It had been suffering from purulent conjunctivitis since two or three days from its birth, and, up to the date of her visit, had been steadily growing worse. The physician in attendance had not attempted an examination of the eyes, but had advised her to keep them as free from the discharge as possible, to apply cloths wet in cold water, and had administered small powders internally. The lids were somewhat reddened and swollen in appearance, and considerably puffed up, from the quantity of pus beneath them. After the removal of the accumulated pus, which was accomplished by repeatedly separating the edges of the lids, giving it exit, and wiping it gently away with a soft sponge wet in tepid water, I was able, without difficulty, by means of a speculum, to open the lids sufficiently to determine the condition of the cornea, and make an intelligent prognosis, as well as diagnosis. The cornea of the right eye was found hazy, and slightly opaque at its upper and inner edge. In the left eye, the corneal opacity was greater; and directly over the pupil was an ulcer, which had already broken through, and occasioned as I afterwards found, a deposit of matter upon the anterior surface of the capsule of the lens, and a slight adhesion of the free edge of the iris. The mother was informed that the mischief done to the left eye was irreparable; that perfect restoration of sight was impossible; that the disease would be allowed to progress no further, and that probably vision to a limited extent, would be preserved to this eye. As to the right eye, there was no question as to its perfect restoration, in every respect. The lids were reversed, and painted with a solution of argen. nit., ten grains to the ounce of water, which

was allowed to remain only a second or two, and immediately washed away with tepid water. The nit. argen. was used in an unusually strong solution, because it seemed necessary to check at once, with absolute certainty if possible, further progress of the disease. I have noticed, that, when a case is severe, the lids considerably thickened, and the mucous papillæ very much swollen and prominent, it will bear, with good results, and without marked re-action, a much stronger solution of nitrate of silver than it would be prudent or advantageous to apply in a milder case. In this instance the mother informed me, on her second visit, that the night after the application of the caustic was the best which the child had passed since its birth. There had been no reaction, and consequently no application of cold to the lids had been necessary. Under the circumstances, I concluded to touch the lids a second time with the same solution. This was done on the second day; and again the child had a remarkably comfortable night. On the fifth day, the discharge, which had been very profuse, was considerably lessened in quantity. The mother herself could see a decided improvement, and began to have great confidence in the treatment. I now diluted the solution with an equal part of water, making it five grains to the ounce; and, after a week, it was reduced still more, making it about two grains to the ounce. I had taken the precaution, also, of dropping into the left eye a solution of atropine, two grains to the ounce, in order to draw away the edge of the iris as much as possible from the corneal opening. The application of the solution above described was made but six times, at intervals of forty-eight hours, when the discharge having almost entirely ceased. I gave

the mother simply a solution of sul. of zinc, one grain to the ounce of water, to be dropped daily into each eye ; and in two weeks from this time, the child was well enough to require no further treatment. I have a case, very similar to the above, at present under treatment, where the child is supposed to have become infected from a gonorrhœal discharge of the mother. In the present instance, however, the cornea of the worst eye escaped ulceration, and will eventually be perfectly restored to transparency.

Scrofulous Ophthalmia or Conjunctivitis Lymphatica, the diagnosis of which is so easy that I need make no remarks upon it, is an affection, in my opinion, in which no astringent or caustic applications can be made. The irritation of the ciliary plexus of nerves is so great, that the increase of the photophobia and pain following their use ought to prevent their employment, even if they were not contra-indicated by the keratitis which is usually present. Tepid water, or milk and water, and sometimes a solution of one or two grains of sul. of atropine to an ounce of water, will prove soothing to the eye. When there is adhesion of the lids, simple cerate, in the proportion of a drachm to a grain of red precipitate, applied to the edges of the lids at night, will be serviceable. In regard to the internal or constitutional treatment of scrofulous affections, I have nothing to offer. Another conjunctivitis in which I think local astringents always injurious is—

Conjunctivitis Herpetica, or, as it is frequently styled *C. papulosa* or *pustulosa*, *C. phlyctinea*. It is characterized by the appearance of a reddened point upon an inflamed base of the conjunctiva, slightly raised, and situ-

ated usually at the limbus of the cornea, or rather upon the sclerotica, at its junction with the cornea. This red point usually terminates in a vesicle, which gradually disappears, and leaves no trace behind. There is generally some irritation of the ciliary nerves, and, as a consequence of this, some photophobia and lachrymation. It occurs mostly in children, and often occasions a good deal of unnecessary alarm to parents, and those unacquainted with the nature of the disease. I was once consulted, by an adult,—in a case of an herpetic conjunctiva,—whose physician had informed him that he had probably a Pterygium growing over the sight of the eye, and it would have to be removed by an operation. He was a sculptor, and I advised him to remain at home for a few days, so as to avoid the dust of his studio, and he was soon cured, without any other treatment whatever. If the tendency of acute conjunctivitis phlyctinea be strongly towards spontaneous cure, its tendency to recur again and again, in the same individual, is no less strongly marked. I sometimes make use of inspissations of powdered calomel, in the acute stage, but I do it sparingly, and more because the friends of the patient desire that something should be done, than for any other reason. Our remedies should be almost exclusively internal, and directed towards the prevention of the recurrence of the eruption. It is not unusual, in children, to find a herpetic eruption about the nose or mouth, co-existing with the affection of the eye. I enjoin the greatest attention to dietetic and hygienic regulations. Internally, I employ principally merc. ars. sulph. macrotin and hydrastin.

Sometimes a herpetic point of this kind appears in the subconjunctival tissue, just at the edge of the cornea.

When this is the case, and the sclera or the episcleral tissue is involved, the progress of the disease is tedious in the extreme, and all the more tedious from the circumstance that remedies seem to be of little service. I have had a case of this sort the past year, where one vesicle of this kind remained imbedded beneath the conjunctiva for more than three months. Neither will—

Conjunctivitis Granulosa, in its acute stage, bear the application of local astringents, and they should never be employed. The eye is painful, there is photophobia and lachrymation in consequence of ciliary irritation, and the sensation as of a foreign body between the lids is very marked. There is also a tendency to ulceration of the cornea. If the lids be everted, there will be noticed in addition to the swollen papillæ, and intermingled with them, little grey points which are true granulations. After a week or more, the conjunctiva becomes more swollen, the discharge abundant and purulent, and at this stage of the disease it is difficult to distinguish the affection from a conjunctivitis purulenta. This purulent stage continues for some weeks, and may be treated as a purulent conjunctivitis, with the exercise of great care, however, in repeating any cauterizations that may be thought necessary; finally, little by little, the secretion vanishes, the general inflammatory state of the conjunctiva disappears, and the inflammation concentrates itself beneath the upper lid, and we have—

Chronic Conjunctivitis Granulosa, and generally those cases which come under my care, are complicated by a vascular development in the epithelial layer of the cornea called pannus. Pannus of this kind is caused by the friction upon the cornea of the roughened surface of the

palpebral conjunctiva; and, consequently, whenever we see it, we know, without further examination, that we have a granulation of the lid. These granulations are seated upon the upper lid, usually more upon the reflected portion, and the pannus, of course, is generally found upon the corresponding upper half of the cornea. When later, it has extended downward and encroached somewhat upon the pupil, so that the vision is impaired, the patient becomes alarmed, and seeks the advice of the physician. The indication in a case of this kind is invariably to cure the granulated lid. This being accomplished, the pannus disappears of itself.

The treatment of this class of cases is sometimes difficult and discouraging, owing to frequent relapses; is always prolonged, but, so far as my experience goes, uniformly successful. If, as is frequently the case, the patient has suffered for many months or years, has been treated unsuccessfully, is gloomy and despondent in anticipation of coming blindness, he should be assured at once that his case is not hopeless; and that, with the proper amount of perseverance on his part, a permanent cure, with a more or less complete restoration of vision is certain. A pannus, something growing gradually over the sight of the eye, and threatening eventually to shut out all vision, is usually a disease of fearful omen to the patient. He comes to the oculist, also, with great fear and trembling, from the idea that the growth upon the cornea must be cut off. No doubt this view is sometimes imparted by the physician who confounds the growth with that of pterygium. The latter, however, is nearly always pyramidal in form, the apex of the pyramid pointing to the cornea. It is a hypertrophied condition of the con-

junctiva, with more or less deposition of neoplastic tissue, and its base is gradually lost near the semilunar fold, at the inner angle of the eye.

The patient then is to be rendered as hopeful and cheerful as possible. Hygienic regulations, such as previously mentioned, are to be strictly enforced; and the general health must, if deficient, be restored as far as possible by appropriate medication during the local treatment. For the removal or cure of the granulated state of the lid, I employ a smooth crystal of alum, a crystal of sulphate of copper, or a stick composed of one part nitrate of silver to two parts nitrate of potassa. Pure nitrate of silver I never use. I prefer, and use by far the most frequently, a smooth crystal of sulphate of copper. The upper lid being reversed, it is drawn lightly and quickly across that portion of the lid seen to be thickened and granulated, and those portions of the conjunctiva not involved are carefully avoided. Considerable pain will ensue; and, if the patient is very sensitive, it is advisable to apply tepid water or weak salt and water to the conjunctiva the instant after the touch with the caustic. Otherwise, the patient may, after the lapse of a few minutes, if the pain does not cease of itself, bathe the eyes in cold water. Immediately after this cauterization, the eye will present a reddened and injected appearance, and should on no account be used until this injection disappears, which will be perhaps in an hour or less, according to the severity of the cauterization. There will also be a feeling of irritation in and about the eye, and until this artificial irritation has fully disappeared, no second application of the caustic should be made. Whether therefore, the process is to be repeated once in twenty-four, forty-

eight, or seventy-two hours, or not oftener than once a week, must depend entirely upon circumstances. Meantime, cold or tepid water may be used freely; simple cerate, if the lids adhere together in the morning, and the administration of constitutional remedies persevered in. The most potent, however, of all auxiliary measures is, in my opinion, that of pressure. This can be accomplished by placing a dry compress over the gently closed lids, so arranged that it shall be thickest at the angles, and diminished gradually towards the meridian, so that the pressure exerted may be as uniform as possible. An elastic band—flannel makes a good one—is then passed around the head, to hold the compress firmly in its place, and may be drawn as tightly over the eye as can be conveniently borne. This bandage is to be worn night and day, and the compress is to be readjusted upon the eye as often as it becomes in the least displaced. I will give an outline of a case or two, as an illustration of the treatment of conjunctivitis granulosa. I was called in consultation, a few months since, to a servant girl aged about eighteen. I found her in bed, feverish and suffering from what appeared, at a glance, to be an acute and severe attack of purulent conjunctivitis. On cleansing the eyes of secretion, and admitting a bright light into the room, the cornea of one eye was found completely opaque, that of the other eye partially opaque. With the best eye, the right one, she could barely distinguish the large gilt letters upon the back of a book cover. There was little chemosis; but the conjunctiva of the lids was greatly swollen, and the papillæ very prominent. The attack was now of more than two weeks' duration. My prognosis in regard to the best eye was favorable; in respect

to the other more guarded. The treatment I found to have been a rather inefficient application of water, a lotion of alcoholic tincture of hydrastin dropped several times a day into the eye, and the internal administration of bell. and euph. in alternation. The alcoholic tincture was discontinued at once, as too irritating for this stage of the affection, and especially so where the cornea was involved. The cold water was used with more regularity, and for the internal remedies aconite was substituted. I also left a solution of two grains of atropine to the ounce of water, to be dropped twice a day into the eye. This was applied partly to aid in quieting the pain and sensitiveness of the eyes, but principally to enlarge the pupils. The corneal affection of the left eye might go on to suppuration and rupture; and in such an event it would be well to have the iris drawn up out of the way, so as to possibly prevent its prolapse. Fortunately, no such event occurred; and in course of seven or eight days the patient visited me at my office. The right eye was almost well; the left still somewhat irritable, and the vision in this eye not improved sufficiently to read the largest print with it; the upper portion of the cornea was quite opaque, and little red vessels could be seen winding their way from beneath the upper lid across the edge of the cornea, and losing themselves towards its centre. A pannus was being developed; and, on everting the upper lid, it was thickly studded with granulations. Sul. of copper in substance, alternating occasionally with nit. of silver and potash, was applied cautiously to the granulations about twice a week. After six weeks treatment, the patient was so far improved as to be able to read the newspaper with the worst eye. She was unable to continue her

visits longer ; and whether the eye recovered entirely or not, without further treatment, I am not aware. Granulated lids do not often cure themselves. They sometimes remain without treatment, in a comparatively stationary condition ; but on any over-exertion of the eye, or other unfavorable condition, they grow irritable, and a pannus begins again to develop.

Miss B., aged 24, visited me first in April 1865. She complained of irritation and weakness in the left eye, and had recently become much alarmed at the discovery that she could scarcely see to read with it. I found a fully developed pannus extending nearly to the centre of the pupil well supplied with vessels extending downward across the limbus corneæ on to its substance. The prognosis, as far as improvement of vision in this eye was concerned, was favorable ; *complete* restoration, a sharp, distinct vision like that of the normal eye is very improbable. The faintest remnant of haziness of the cornea, a cloud upon its polished surface so faint as to be perceptible only by the strongest artificial light will occasion indistinctness sufficient to annoy the patient. When no cloudiness remains and the cornea regains its perfect transparency, if there is the least irregularity of surface, minute depressions or flattened facets, the rays of light will be abnormally bent in passing through the cornea, and the image upon the retina will be deformed and more or less indistinct. When, therefore, a doubt exists as to a complete restoration of the cornea it is unwise to promise a perfect recovery of vision. The case of this patient was a very old one. In her early youth she remembered an affection of her right eye, and the sight of this eye since, had never been as clear and perfect as

that of the left previous to the present attack. On examining the cornea of the right eye by means of sunlight concentrated by a convex lens, the rays falling obliquely upon the surface, little irregular flattened facets were plainly noticed, which accounted for the lack of sharpness of vision. The lid of the left eye was reversed, and the cause of the growth upon the cornea was found in the granulated state of the conjunctiva. The diseased surface was lightly touched with a crystal of sulphate of copper, very carefully at first, until the eye became somewhat accustomed to the process. Severe pain followed the operation for the first two or three times, but this was effectually controlled by bathing the eyes in cold water and immediately going into the open air. This eye had suffered from an acute attack of inflammation as she informed me, more than a year before, but had apparently fully recovered after a few weeks. For a while it continued strong, but gradually grew more and more irritable, until within a few months she had scarcely been able to use it at all without pain. She was under my care nearly five months and completely recovered. This process of cauterization was repeated on an average about once in three or four days. Mercurius was the remedy principally administered, although she had other remedies for disturbances in her general health during this period. Towards the end of the treatment my attention was called to the benefit of bandaging the eye in similar cases, and she employed this means also with the effect, I think, of hastening the cure. This patient was in my office some two months since, and while with the right eye she could not read the finest minion type, with the

left eye, the one which had been under treatment so long for the pannus, she could read it with ease.

Miss W. came to me first in May last. She also, like the other, was suffering from pannus upon the left eye, and from the same cause. Like the other also, she had suffered years previously from a probably similar affection in the other eye. The right eye she affirmed had been cured by a doctor in Boston, who had cut the cornea across its upper portion superficially, and had also made longitudinal incisions upon the inner surface of the upper lid. These incisions, she said, were painful, but always afforded her relief, and eventually cured her eye. She wished me to treat her left eye now in a similar manner. I informed her that her method of treatment, while no doubt sometimes serviceable, was a very ancient one, and that we had made such progress since, that I thought a less cruel treatment would be equally efficacious. I touched the granulated lid lightly with a bit of sul. of copper, but it would not do. After a week I gave up the attempt to touch the granulations at all. The eye was rather worse for my treatment. The ciliary system of nerves was involved to such a degree that the irritation caused profuse lachrymation and severe and prolonged pain and photophobia. The patient was also of exceedingly delicate and sensitive organization. I therefore gave up temporarily the use of irritants of all kinds. Tepid water was used several times a day, and a compress and bandage as previously described was applied, to be worn always at night, and when convenient during the day. After two or three weeks there was much less congestion, and the pannus had so far disappeared that the patient could read large print without pain, and with tolerable

fluency. I now commenced brushing the granulations beneath the lid with a weak solution of sul. of zinc which I found could be borne every two or three days. The bandage was continued with great benefit, and during the first part of the treatment while the eye was irritable, macrotin and spigelia, and later, mercurius were administered internally. After two months' treatment no trace of the pannus was left, and acuteness of vision was the same in each eye. A case which I have recently had illustrates the prompt effects of the bandage when it is indicated.

Three weeks since a woman fifty years of age, from Maine, came to me for a trouble with her eyes of several years standing. She suffered from pain in and around the eyes, photophobia and lack of acuteness of vision. Three or four physicians in Maine and one in Boston had told her that the trouble was in the optic nerve, and no one she affirmed had ever done her any good. Her sight was gradually growing worse, and she expected finally to become blind. She had brought her eyes into their present condition by overtaxing them in sewing early and late. The conjunctiva was considerably injected, the lids a little thickened, the edges very red from chronic blepharitis. I told her at once that she had no trouble of the optic nerve, and that the present condition of her eyes could never produce blindness. To gratify the patient I looked with the ophthalmoscope at the retina and the disc of the optic nerve and found them healthy. She was a strong woman otherwise and had enjoyed good health. I prescribed an unguent of a grain of red precipitate to a drachm of simple cerate to be applied nightly to the edges of the lids, and directed her to wear a

bandage such as I have described at night and as much as possible through the day. She had already used astringent lotions too freely. In four days she was so encouraged by her rapid improvement that she left Boston for her home. She was directed to continue the same treatment, and given in addition an astringent lotion of zinc to be used a month later when the eyes should become less irritable. I presume that her eyes will never be perfectly restored, but have no doubt that in two months they will be sufficiently improved to enable her to use them in sewing and reading, and that her vision will then be as acute as formerly.

In the treatment of what I consider purely local disease, I rely almost wholly upon local measures. Opinions differ widely as to what is and what is not a local disease. Every one must decide for himself in this matter, and at best he will make many mistakes. One of the admirable features of the homœopathic practice is that under its system mistaken medication, which must in every kind of practice occur sometimes, is less disastrous to the patient than under the system of the allopathic school. Local applications for local diseases may by the exercise of the proper care be rendered equally safe. It is the abuse of these local means in the hands of reckless practitioners which has brought them so into disrepute in our school. It has been the fashion with us to declaim against them; yet we all employ them more or less whatever we may say. A domestic case must have its large vials of calendula and arnica as well as its small vials of aconite and belladonna. It is very weak in us to allow ourselves to be driven from the employment of curative agents merely because they are employed, and often injudiciously employed by the old school. Good measures or good

remedies should be adopted and bad ones rejected irrespective of their source.

It may be set down as a broad rule that in the most acute inflammatory stage of disease of the eye all irritating applications are hurtful and are to be avoided. Later, such means are useful and sometimes absolutely necessary. They should always be employed discriminately, and always with due caution. Hahnemann long ago said of the application of local astringents, that "we should take care beforehand to ascertain that the organism has no tendency to morbid irritability or erysipelatous inflammation;" that "these stimulating injections have many things in common with tonic remedies: when they rouse to activity the lax fibres, the latter gain a tone whereby they are put on a par in point of strength with the unrelaxed fibres. We may therefore reckon these artificial stimulating remedies among the number of tonics, as much as the bitter and astringent vegetable substances." I rarely make use of vegetable substances for local applications. The tincture of opium forms an exception, although this has probably no merit above that of pure alcohol. The comparative effects of the two have been tried on a somewhat extended scale in the clinic of professor Graefe in Berlin, and no difference was observed. In conclusion, I will add that I have no disposition to undervalue constitutional remedies in the class of diseases usually termed local. They are frequently necessary, and sometimes sufficient alone to cure. I am convinced, however, that local means when indicated, are more speedily curative, and can almost always be employed with advantage in conjunction with the proper constitutional and hygienic treatment.

XII.

CASES FROM PRACTICE.

BY W. E. PAYNE, M. D., OF BATH, ME.

Case 1.—J. P. aged about forty years; nervo-bilious temperament, black hair, and dark complexion. Has spent most of his life at sea. Took command of a steamer in the autumn of 1866, bound to San Francisco. Soon after leaving Rio Janeiro, he was attacked with pain in the head, back and limbs, *stretching*, and *yawning*, followed by chills, heat and sweat. These attacks occurred every day until he arrived at Valparaiso, where some relief was obtained from allopathic treatment. On the way up to San Francisco, there was a gradual amendment of the case, but soon after his arrival, the chills returned, preceded, attended, and followed by the symptoms above named. A homœopathic physician of San Francisco was called to treat the case, but not affording immediate relief, he was exchanged for an allopath who, in the course of some two weeks, subdued the disease by repeated doses of *sulph-quinine*; and the patient remained tolerably well till after his return to Maine, in the latter part of June last.

After a period of increased indisposition, characterized by languor, dizziness, loss of appetite, etc., on the afternoon of the 15th day of August, he was attacked with *headache; stretching and yawning, aching, drawing, paroxysmal, intolerable pains in the limbs, with chills and internal*

trembling ; chills short and recurrent ; head hot, with cold feet and hands, and blue nails ; sour vomiting ; throwing himself about in great anguish ; delirium during chill, and at the commencement of fever ; spasmodic jerking of limbs after chill and during heat ; no thirst, constipation, which was very obstinate during his previous sickness. During the chill he complained of a peculiar, thrilling sensation all over, such as may be produced by tickling the soles of the feet, or other sensitive parts of the body, which, however, seemed to originate at the epigastrium, and proceed from thence over the whole body.

This was evidently a return of the former attack, which had been suspended simply by the large and repeated doses of *quinine*.

Remembering that a leading feature of *nux vom.* in intermittents is *stretching and yawning during the chill*, and also, that the temperament of this patient was favorable to this remedy, I prescribed the 2d dilution in water. The effect was prompt—the restlessness and pains abated, and the patient sunk into a quiet sleep, which continued through the night with one or two interruptions ; and the following morning awoke feeling very well, with the exception of weakness which seemed to be the result of free perspiration. There has been no return of the disease, now more than three months ; and the bowels have continued regular, which was not the case during or after the previous attack.

Nux vom., cimex, caust., ars., arn., calc. c., phos., arg. nit., menyanth., sabul., and rhus tox., constitute the group, among which the student of the *materia medica* would hope to find the *similimum* of this case.

In the proving of each of these drugs will be found either *stretching* or *yawning*, or both; but in none, so prominent as in *nux*, as may be seen by referring to symptoms 1,098, and onward to 1,108. But passing over this fact as being insufficient to determine the choice of the remedy, we come to a more particular comparison of the symptoms.

In the proving of *nux vom.* we find *stretching* and *yawning*, followed by *spasmodic drawing pains in the limbs*, attended with *headache*, *chilliness*, and *internal trembling*, *shuddering while yawning*; *chilliness without thirst*; *chilliness with cold feet and hands*, *blue nails*, and *hot face and head*. In this record we have a very good likeness of the case, in the mere watching of symptoms; but the likeness becomes more complete, when we take into the account their conditions and concomitants. In *nux* the *stretching* and *yawning* are both present preceding and during the chill, which is not precisely so in either of the other remedies:

Arsenicum has *stretching* of the limbs during the chill but no *yawning*.

Arnica has *yawning* during the chill, with a good deal of thirst, but no *stretching*.

Calc. carb. has *yawning* during the chill, and *stretching* during the fever.

Phos. has *yawning* only during the shuddering and chill.

Menyanth. also has *yawning* during the chill, but no *stretching*.

Sabadilla has *yawning* during the febrile stage.

Rhus tox. has *yawning* and *stretching* during the febrile stage, but none during chill.

Causticum has *yawning* and *stretching* during chill, but the chill is preceded by heat, which is not the case with *nux*.

Argent. nit. has *yawning* during the chill only.

Cimex has, in the proving, *yawning* during fever; and it is also put down as having cured, in tertian fevers, when both *stretching* and *yawning* were present during the chill.

Thus we see in the symptoms, *stretching* and *yawning* in conjunction with their conditions and concomitants, if we go no further than this in our comparison, the *similarity* between the disease and the remedy used is sufficiently marked to indicate their homœopathic relationship; while by the same comparison is shown clearly enough the non-homœopathicity of the other remedies of the group. But the *similarity* is still further indicated in the "spasmodic drawing pains in the limbs; chilliness without thirst; cold feet and hands, and blue nails, with hot face and head; some vomiting; constipation," all of which symptoms are common to both the disease and the remedy.

Case 2. Mrs. R. aged forty years, in the eighth month of pregnancy. Has been suffering several days from hemorrhoids. There is a *bluish tumor* at the verge of the anus, measuring about one inch in diameter, very sensitive to touch, and painful. The *pain* is *burning* and continuous. Restless; unable to lie down or sit; and has done neither for the last two days and nights; but has been upon the feet, walking the floor, or upon the knees, the only endurable positions. Bowels not constipated, but evacuations rather loose and easy. Has taken *nux. puls.* and *bell* of her own accord, without relief.

Prescription—Acid. mur. 30th, in water—a table spoonful every three hours, beginning at 10 o'clock, A.M.

On calling next day, she met me at the door very cordially, saying she was much better—that the medicine hit her case exactly—that she was able to lie down and rest most of the night. The same medicine was continued—a table spoonful every six hours. At the end of three days the patient reported herself well—that the swelling had disappeared, and that she was able to sit, lie down, and rest as well as when in perfect health. She passed through labor and its consequences, without any return, or threatening of the complaint.

The *bluish color* of the tumor, the *smarting pain*, and the *looseness* of the bowels, were the symptoms that directed attention to *muratic acid* ; and I think that this combination of symptoms, in all cases of hemorrhoids, will point to *muratic acid* as the remedy.

XIII.

LARYNGOSCOPY.

BY J. H. WOODBURY, M. D., OF BOSTON.

It was the remark of an eminent writer, that the making of books was like the pouring of water from one vessel into another, and thence into a third, or perchance back again into the first ; thus illustrating how difficult it is to write or say anything that has not been written or said by some one before. In the following paper, I have tried, in as concise a manner as possible, to give the origin, history, and present condition of the art of Laryngoscopy, together with a description of the more important apparatus and instruments used in its practical application, with such further remarks, as to treatment and the use of remedies, as the limited space of an article like this would permit. In pursuance of this object, I have drawn freely from every source accessible to me ; and especially am I under obligation to Drs. Johnson and McKenzie, of London, and Professors Türck, of Vienna, and Czermark, of Pesth.

In no department of medical science has there been a greater or more satisfactory degree of improvement, during the past few years, than in that of Diagnosis. A host of earnest laborers have gleaned the field of Pathology with untiring zeal and devotion ; and the results of

their study and research are now the common property of the medical profession, whose deep sense of gratitude must ever be to these men "a monument more enduring than brass."

Keen-eyed men have invoked the aid of the microscope, and have brought to light the hidden mysteries of all formations, the ultimate structure of tissues, and the changes and transformations which they undergo in disease. Chemistry has been busy with the composition of the fluids and tissues and structures of the body, and also with the secretions and excretions of its various organs and emunctories, and has added much to the accuracy of diagnosis, by revealing to us the constituents and proportions of these products, both in health and disease. Speculums, ophthalmoscopes, and dental mirrors, have each and all contributed to the certainty and accuracy of the diagnosis of these diseases incident to the various organs and canals to which they are appropriate. It was but a natural result of this spirit of investigation and research, that instruments should be devised for the ocular examination of the lower part of the throat and larynx. It was not, however, until the middle of the last century, that such an instrument was invented, nor until nearly a hundred years later that that instrument was sufficiently improved and simplified to be capable of general application. The instrument first employed for this purpose consisted of little more than a transfer of the dentist's mirror to the back part of the throat; and the results were necessarily very meagre and imperfect. The same was true of a speculum, which was simply a rigid tube intended to press back the flaccid walls of a straight canal, and thus allow luminous rays to pass through it;

but was not applicable to the examinations of a part situated at an angle to the line of vision. It was only by a combination of these two elements (reflection and illumination) that the interior of the larynx in the living subject could be rendered visible. About the middle of the last century, a distinguished French accoucher, M. Leoret, while occupied in discovering means whereby polypoid growths in the nostrils, throat and ears could be ligated and removed, invented, among various other ingenious instruments, a speculum, which consisted mainly of a plate of polished metal, "which reflected the luminous rays in the direction of the tumor, and received its image on its reflecting surface." It is evident, however, that he did not recognize its value as a means of diagnosing diseases of the throat, but rather regarded it a mere appendage to his method of removing tumors. It was soon lost sight of, and excited but little attention for more than fifty years afterward. In the year 1807, Dr. Bozzani, of Frankfort-on-the-Main, published a work, on an invention of his own, entitled "The Light Conductor ; or Description of a Simple Apparatus for the Illumination of the Internal Cavities and Spaces in the Living Animal Body." This work attracted much attention, both from the profession and the general public ; and an absurd idea seems to have got abroad, that the apparatus would enable one to inspect, not only the outlets of the body, but the internal viscera. Although there was nothing in the work itself to encourage this idea, except perhaps its title, it incurred the deepest censure of the profession. The medical faculty of Vienna pronounced a very damaging opinion concerning the invention, declaring among other things, that "only very small and unimportant parts could be examined by it, and that the illuminated spot

was so small,—its diameter being never more than an inch,—that, if a person did not know beforehand exactly what he was to look at, he would not generally be able to tell what part of the body was presented to his view.”

This unfortunate instrument consisted of two parts,—first, a lantern, and, second, a number of hollow metal tubes, for introducing into the various canals of the body ; but its precise mechanism I have neither time or space to describe, nor is it necessary to bestow upon it more than a passing notice, as one of the “stepping-stones” to the more simple and effective apparatus of the present day. The following quotation from Dr. Bozzani’s work, however, shows that he fully appreciated the requisites for making a laryngoscopic examination. “If a person wishes to see round a corner into a part of the throat, or behind the palate into the posterior nares, the rays must be broken, and a mirror is required for illumination and reflection.” This apparatus soon ceased to attract attention, and even the fact of its existence was entirely overlooked, until within a very few years. Whether this neglect was due to the disappointment of the exaggerated expectations of the public, or the opposition of the profession, or to defects in the apparatus, or to all combined, it is now impossible to say ; but it is undoubtedly true, that the elements of Laryngoscopy were contained in the “Light Conductor.” John Stuart Mill has very justly remarked, that no art is complete unless another art, that of constructing the tools and fitting them for the purpose of the art, is embodied in it. In this case, “the tools were not fitted for the purpose of the art ;” and the latter, therefore, was never developed, and even the existence of the apparatus soon passed away from the burdened memory of the physicians. With the exceptions of

some experiments made by Dr. Senn of Geneva, but little advance was made in Laryngoscopy until the year 1829, when Dr. Benjamin Guy Babbington, of London, exhibited to the Hunterian Society an instrument closely resembling the laryngoscope now in use. Two mirrors were employed by him; one, the smaller, for receiving the laryngeal image; the other or larger one, for concentrating the solar rays on the first. It has been a disputed point whether to Dr. Babbington or Dr. Senn should be conceded the honor of discovering the laryngoscope. If priority of publication is the test by which the claims of rival inventors is to be decided, then Dr. Babbington must be regarded as the inventor of the laryngoscope, as his account was published some months earlier than Dr. Senn's. Babbington's claim also rests on a better basis than this mere technicality; for, while Senn simply attempted to employ a laryngeal mirror, with which alone it was impossible to see the interior of the larynx, Babbington employed a method of illumination, by the use of which the inspection became practical, if not easy. Further experiments were made in 1832, by Dr. Bennati, of Paris, who claimed, that, with a double-tubed speculum which he possessed, he could see the vocal cords. These statements were disbelieved by Trousseau, who devoted considerable space in one of his works to prove that the epiglottis formed an insuperable barrier to a view of the interior of the larynx. Passing over the experiments of Mr. Avery, of London, who combined, with some degree of success, the labors of Bozzani and Babbington, and those of Dr. Warden, of Edinburgh, who sought to accomplish the same end by the use of prisms instead of mirrors, both of whom failed of a success on account of

the clumsiness of their apparatus, we come down to the experiments of a French music-teacher, M. Manuel Garcia, who, in 1854, conceived the idea of employing mirrors for studying the interior of the larynx during singing. His efforts were successful; and he presented to the Royal Society of London, the following year, a paper containing an account of the action of the vocal cords, during inspiration and vocalization. These examinations were all made upon himself, and to him belongs the honor of introducing autolaryngoscopic examinations. In practising autolaryngoscopy, Czermak employed three mirrors: one, for illumination; another, for introduction into the fauces; and a third, to enable the observer to see the image in his own throat. Garcia employed only two,—a small one, for introduction into the pharynx, and a large one, which served the double purpose of illuminating the smaller mirror, and enabling the operator to see the image formed on it. Garcia's paper attracted but little notice in England; but, passing into the hands of foreign professors, it furnished the hints from which Czermak and Türk developed the laryngoscope. In 1857, Dr. Türk, of Vienna (who had read Garcia's paper), attempted to use the laryngeal mirror in the General Hospital in that city. His first efforts were unsuccessful, on account of the defectiveness of his apparatus. Trusting entirely to solar light, and with no apparatus for concentrating the rays on the laryngeal mirror, which was also a clumsy affair, it was scarcely possible for him to succeed. At a subsequent period in the same year, Professor Czermak, of Pesth, having borrowed the apparatus which Professor Türk had thrown aside as useless, commenced a series of experiments. He was soon enabled to

overcome all the obstacles which had proved so formidable to Professor Türk. He substituted artificial light for the uncertain rays of the sun; the large opthalmoscopic mirror was used for concentrating the luminous rays; and the mirrors were simplified, and made of different sizes. Thus the tools fitted for the art of Laryngoscopy were perfected; and while others before him had been able sometimes to catch a glimpse of the interior of the larynx, to Czermak belongs the honor of so modifying the laryngoscope that its application became comparatively easy. At a later period, Dr. Türk, prompted by the success of Czermak, has worked at the subject patiently and productively. Czermak's investigations were first confined to his own larynx, which was peculiarly adapted to these examinations. Possessed of a most capacious pharynx, small tonsils and uvula, and a large laryngeal aperture, it would be difficult to find a subject better suited for laryngoscopy. To the beautiful simplicity which Czermak effected in the details of this art, to his brilliant demonstrations, which have delighted and astonished the medical public throughout Europe, must be attributed, more than to anything else, the present extensive employment of the laryngoscope in practical medicine.

DESCRIPTION OF THE LARYNGOSCOPE.

The laryngeal mirrors are usually made of the ordinary glass mirror, mounted in German silver. They are of different shapes and sizes, varying from half an inch to an inch and quarter in diameter, and may be round, square, or oval. When the tonsils are enlarged or irritable, or both, the oval form is best; when otherwise, the circular

form is most convenient, and presents the most satisfactory image of the reflected parts. The shank of the mirror is also of German silver, and should be about four inches long, and soldered to the mirror, so as to form with it an angle of about one hundred and twenty degrees, though the flexibility of the metal employed enables the operator to adjust the mirror to any desired angle. The shank slides into a hollow handle, and is fixed there by a screw; thus the handle can be made longer or shorter, as desired. For the illumination of the larynx various means are employed. Some operators employ a strong gas-light or lamp, with a large reflector, to throw the rays of light directly into the larynx of the patient, who sits on the opposite side of the table from the reflector; and for most cases, this is perfectly sufficient. Others use the Light Concentrator invented by Dr. Morrell McKenzie, of London, and which consists of a plain metal tube, with a planoconvex lens, with the plane surface next the light, and which, when applied to a lamp or gas-jet, gives a very powerful and steady light. This may be made to illuminate the larynx of the patient by its direct rays, or they may be reflected from a small, slightly concave mirror, attached to the operator's head, by an arrangement like a spectacle frame, and worn outside one of the eyes. This mirror has a small hole in the centre, and is so adjusted that the visual and luminous rays pass in the same line, so that, when the larynx is illuminated, the eye is in position to see it. Both these methods have their advocates; but after considerable practice with both methods, I am unable to say that either possesses any practical advantages over the other. In laryngoscopy, practice is essential to even a moderate degree of success; and in

this, as in all other arts, adepts are apt to give their preference to those methods and appliances with which they are most familiar, and consequently most successful. Laryngoscopy is based upon the application of the optical law, that when rays of light fall upon a plane surface, the angle of reflection is equal to the angle of incidence ; and its successful application consists in placing a small mirror at the back of the throat, at such an inclination that rays of light falling upon it shall illuminate the cavity of the larynx, and the surface of the mirror receive the image of the interior of the larynx. As many physicians, who have attempted to make laryngoscopic examinations without much previous training or practice, have failed to even catch a glimpse of the interior of the larynx, I will insert here a few simple directions for the successful practice of the art, and will also notice some of the special obstacles to be encountered, and the best method of overcoming them. First, the patient should sit with his body upright and the head slightly raised. Many practitioners have failed entirely in their experiments, by permitting their patients to lean so far backward, that it was impossible so to place the mirror in the throat as to reflect any important portion of the larynx. The mouth of the patient should be widely opened, and so placed with reference to the light that a strong disk of light shall fall upon the fauces, with its centre corresponding with the base of the uvula. If direct light is used, this may be accomplished by placing the patient in the proper position before the light, and giving to his seat the proper elevation. If reflected light is employed, the same result may be attained by changing the position and direction of the small reflecting mirror attached to the head of the observer.

The patient should protrude his tongue as far as possible without causing pain, and he should be taught to hold it in this position himself. The use of a small napkin or handkerchief enveloping the hand, will enable him to do this without difficulty. Some authors direct that the observer shall hold the patient's tongue with his left hand, while he manages the mirror with his right; but in cases which require local treatment, or where any operation is required, this is impossible, as the mirror must be held in the left hand, while the right is occupied with the treatment or instrument. Injuries to the frænum are also far less likely to occur when the management of the tongue is intrusted to the patient. Before the mirror is introduced, it should be warmed over the flame of the lamp or otherwise, to prevent the condensation of the moisture of the breath upon it: but the practitioner should not forget to test its temperature upon his own cheek, or back of his hand, before applying it, in order to prevent its being unpleasantly hot to the patient. The mirror should now be passed to the back of the patient's throat with as little annoyance to him as possible; and to accomplish this skilfully and delicately, requires considerable practice and dexterity; for if the operator is so unfortunate as to irritate the fauces, and cause the patient to retch or vomit, nothing further can be accomplished until a considerable time has elapsed. The mirror stock should be held in the right hand, like a pen, with the little finger extended and everted, and which should be allowed to touch the left side of the face just in front of the angle of the lower jaw. The mirror, with its face downward, should then be quickly and carefully introduced into the back of the throat, keeping it as far as possible from the tongue.

The posterior surface of the glass should rest on the uvula, which should be pushed upward and backward by it, in the direction of the posterior nares. The hand should now be raised and passed outward to the left, which gives to the mirror a slightly rotary motion, and turns its face more to the perpendicular, while the hand is removed entirely from the line of vision. The operator should watch carefully during this process, so as to arrest the motion of the glass the moment the larynx comes in view. No rules can be given as to the exact angle at which the glass should be held, the position being influenced in every case by the form and size of the patient's throat, and the position of the head. The practitioner should learn to introduce the mirror with either hand; as in the performance of operations, or the application of remedies, it is absolutely essential that the glass should be held in the left hand. Do not try to keep the mirror too long in the patient's throat, nor move it about too much with the hope of getting a better view; for, as before remarked, when the act of retching has been induced little more can be accomplished at that sitting; besides, the act of retching always causes more or less congestion of the throat and fauces, thus giving the observer a mistaken idea of their condition. It is better to introduce the mirror any number of times, letting it remain only a few seconds each time, than to give rise to the accident above mentioned, by a too protracted examination. The practitioner should avoid touching the tongue with the mirror, as the moisture thus communicated to it at once spoils its reflecting surface. This can generally be accomplished by keeping the back of the mirror in close proximity to, but not touching the palate.

In some patients, the uvula is so long as to be in actual contact with the tongue. In these cases, space may be frequently gained, and the introduction of the mirror facilitated by directing the patient to take a free inspiration, or to utter some prolonged vowel sound, as *ā ā ā*, *ē ē ē*. One of the most frequent difficulties, and the most troublesome to overcome, is the irritability of the fauces; for, although a majority of patients can be readily examined at the first sitting, still cases not unfrequently occur which give the practitioner much trouble from this cause. This, in nervous subjects, can generally be overcome by a little training. The laryngoscope should be introduced a few times without attempting to see anything in particular, merely to accustom the patient to the sensation of having the mirror introduced. After the patient's confidence is thus secured, a more careful examination can be made. Various remedies have been proposed for the removal of this excessive irritability, such as a solution of Bromide of potash, or the inhalation of a very small quantity of chloroform; but I have found that swallowing a few teaspoonfuls of powdered ice is far more effectual and simple, as well as less objectionable. If the tonsils are enlarged, an oval mirror should be used; and if the condition of the throat is such as to require an extended course of treatment, and frequent use of the laryngoscope, it will be better to excise them at once. A pendant or relaxed condition of the epiglottis is also a source of difficulty in Laryngoscopy; sometimes the size of the valve conceals the larynx from view, and the same result is frequently caused by relaxation of its ligaments. Various instruments have been invented to overcome this obstacle, the most successful of which, perhaps, is the

pincette of Dr. McKenzie, of London; but this is far from satisfactory in all cases, on account of the irritation which, like all the others invented for the same purpose, it produces. The question is sometimes asked by those who have given the subject but little attention, of what advantage is Laryngoscopy to the homœopathist? Since we have no pathogenetic symptoms observed by its aid how can its revelations assist us in the choice of a remedy?

To this inquiry, it is a sufficient reply to say that Laryngoscopy enables us, in many cases, to make a certain and definite diagnosis, where, without it, all would be uncertain and conjectural; and, if it conferred no other benefit than this, with the general prevalence of throat affections, it would be worthy of more general study than it has hitherto received. Take, for example, the single affection known as Aphonia, which is accompanied, under all circumstances, by nearly the same symptoms, although it is itself but a single symptom attendant upon a great variety and diversity of affections. It may be caused by paralysis of one or both of the vocal cords, by disorganization of the vocal cords, caused by warty or condylomatous growths upon them; by polypoid growths; by chronic œdema of the larynx; by laryngeal phthisis; and by many other very dissimilar causes, most of which, without the aid of the laryngoscope, can only be conjectured, and never incontestibly ascertained. Now, whatever enables a physician to make a correct diagnosis, to solve doubts, to make certain the pathology of a given case of disease, is of as great value to the homœopathic physician as to any other, in enabling him to decide what course of treatment to pursue, even though the precise symptoms and appearances thus re-

vealed are not to be found in the recorded provings of any drug within the ample volumes of the *Materia Medica*.

Besides, the treatment of many diseases of the throat becomes very simple by the aid of the laryngoscope, which otherwise would be very difficult and uncertain. Thus the affection above referred to, aphonia, is frequently caused by paralysis of the vocal cords; and, when so caused, it yields most speedily to the direct application of electro-galvanism, which treatment, I need not say here, would be utterly useless in any of the other affections above mentioned, of which aphonia is a prominent symptom, between which, without the aid of the laryngoscope, a differential diagnosis is quite impossible. Thus it will be seen from this single illustration, that the laryngoscope possesses a definite value to the general practitioner, as an assistance to diagnosis, as much as the stethoscope or speculum, and that it is by no means restricted in its usefulness, as many have supposed, to the assistance which it affords to the local treatment of disease of the larynx. There has been much discussion in our school of medicine concerning the value of local treatment under any circumstances, and the practice has, as is well known, both its earnest advocates and opponents, but, without entering here upon the discussion of the general subject, I must say, that after witnessing the successful treatment of a large number of cases of acute and chronic inflammation of the larynx, to say nothing of many more severe affections, by topical applications, many of which for a long time withstood the most skilful but unaided general treatment, I am compelled to acknowledge the value of judiciously applied local treatment in diseases of the

throat. Not only is it of value *per se*, but as an adjuvant to the proper constitutional, homœopathic treatment.

Remedies may be applied to the larynx in the form of powders, by the use of Dr. Fournie's apparatus. I have applied in this way with most decided benefit, according to their therapeutic indications, Merc. deutiod. first to third triturations, in inflammation of the larynx, both syphilitic and otherwise, attended by redness and swelling of the tonsils, epiglottis, ventricular bands, and vocal cords; when the mucous surface is red, shiny, dry-looking, and glossy, and also when it has passed into the next stage, and the patches of inflammation are circumscribed, or mottled with dull yellowish spots which secrete a yellowish mucus; also when there is ulceration of the mucous follicles of the epiglottis, and of the mucous membrane covering the ventricle of the larynx. In one case of syphilitic inflammation in which the swelling was excessive, attended with complete aphonia which had lasted for several weeks, the improvement, under the local application of Merc. protox. II., was very marked and speedy. Also in a case of secondary syphilis, in which there was ulceration of the posterior nares extending to the septum and to the turbinated bones of the left side, attended by a most offensive discharge, a complete recovery ensued after a few weeks' treatment, through the use of this remedy both locally and internally. In laryngorrhœa, or catarrh of the larynx, characterized by excessive fluent discharge from the larynx, and especially when there is a similar discharge from the nose, hydriodate of potassa, first trituration, will generally cause a prompt improvement. Chlorate of potassa I have used under nearly the same circumstances, and especially when there is ulceration of the

tonsils, with offensive breath, croupy cough, and hoarseness. In one case of chronic ulceration of the whole laryngeal cavity of nearly a year's standing, I saw most satisfactory results from the use of Hydras., first, both locally and internally. These comprise all the remedies I have used in powder form; but the list of those used in solution in the clinics of Stoerck, of Vienna, and McKenzie, of London, as well as in private allopathic practice, is much larger. They are applied with a camel's-hair brush, firmly attached to an aluminum wire, bent to an angle from 90° to 120° , according to the part of the larynx to be touched. The laryngeal brush is better adapted for the application of all caustic solutions than any other instrument, and answers equally well for many others. The remedies which are most used in the form of solutions are nitrate of silver, perchloride of iron, sulphate of copper, sulphate of zinc, carbolic acid, and iodine. Glycerine is a good, and the most agreeable solvent, for most of these. This class of remedies is much used by allopathic practitioners for chronic inflammation of the larynx, but not always with the most satisfactory results.

All of these remedies can be applied to the throat in the form of spray, for which purpose many kinds of atomizers have been invented. This method is preferable in most cases to the use of the brush, and it may be to that of the powder form, as the application is more gentle, and far less liable to produce irritation.

It is not uncommon to find the larynx the seat of vegetations, or condylomatous growths. Where these are few in number, they can generally be removed with the laryngeal forceps; but, where these vegetations are very numerous, it is useless to attempt to remove them in this

manner, and then escharotics are of the greatest benefit. Among the best of these may be reckoned chromic acid, and a mixture of caustic soda and caustic lime. The application of these remedies requires much skill, and should never be attempted by inexperienced persons. I would recommend the use of Thuja tinct. and Teucrium tinct., with the laryngeal brush as likely to be quite as effectual, and far less dangerous than the more powerful agents above mentioned.

A very simple instrument has been invented by Dr. Morrell McKenzie, of London, for the application of the electric current directly to the vocal cords. An important feature of this instrument is, that the current does not pass beyond the handle until the sponge is in contact with the vocal cords, when the operator presses the spring with his index finger, and the current passes through the larynx to the skin externally. Its use is indicated in functional aphonia, and in most cases of vocal weakness, where there is no structural disease. The application is facilitated by the wearing of an elastic necklet, which is placed over the thyroid cartilage. This metallic pad has an eye attached to its outer surface, to which the other pole of the battery is attached; and, when the point of the galvanizer is applied to the vocal cords, the current passes directly through them to reach the pole over the thyroid cartilage. So effectual is this treatment in functional aphonia, that Dr. McKenzie confidently asserts that "obstinate cases of functional aphonia cannot resist the internal application of galvanism."

Many cases of very speedy cure have come under my own observation. Let me say here that in no case do I

advise local treatment to the exclusion of proper, homœopathic, constitutional treatment; and the local remedy should, as a general rule, be the same as the internal one, thus, by keeping ever in view the "ancient landmarks of homœopathy," in the selection of our remedies, we may make this new art of Laryngoscopy subservient to our beautiful science of homœopathy, and add another agent to the rapidly increasing resources of the healing art.

With a single word of caution, I will close. Be careful that the local treatment of diseases of the larynx is not carried to excess; for, with the increased facilities afforded by the laryngoscope, it is hard to resist the temptation to depart from the beaten track of specific medication, and resort to the more heroic remedies at present in vogue for the treatment of this class of cases.

XIV.

ON WATER AS AN ADJUVANT IN HOMŒOPATHIC TREATMENT.

BY SAMUEL GREGG, M. D., OF BOSTON.

I propose to offer some observations on the application of water to the skin, as an adjuvant for the removal of disease in patients while under homœopathic treatment. I shall not undertake to explain the rationale of its therapeutic operation, either to my own satisfaction, or to that of others; I have often seen its beneficial effects in palliating and removing disease, where the curative action might be readily explained under the rule of "*similia similibus*," and I have also seen the therapeutic influence manifested when I could not explain the remedial effect in accordance therewith. This has caused me to doubt if the law "*Similia similibus curantur*" is *the only* law of cure. We do not indeed possess *any* directly curative agents. The system has got to cure itself through the *vis medicatrix naturæ* in all cases; and that agent which will most readily assist or stimulate the organism to do this, is the best remedy. Still we have not sufficient knowledge of the pathogenesis of the application of water to the skin, to judge of its peculiar agency in the removal of disease.

The *wet compress* is perhaps the most common and most frequent application of water. This consists of two or more thicknesses of linen, cotton, or flannel, applied for some local malady. It may be wet with either warm or cold water, according to the object to be obtained. The cold-water compress should be used in all cases of phlegmonous or erysipelatous inflammation, when it is intended to suppress or lessen the extent of local inflammation; and it should be renewed so often as not to allow congestive re-action of the circulation, which is always the tendency of the organism. The cold-water compress is the best application for boils, carbuncles, sprains, contusions, and local inflammatory rheumatism, indolent ulcerations, varicose ulcers, and extensive granulating surfaces, which have a tendency to become spongy and fungoid, a condition which often occurs after scalds and burns, where the cuticle has been destroyed. But, where it is desirable to hasten the suppuration or to direct the suppurating process toward the surface, the warm-water compress should be used. This is generally efficacious, and far less troublesome than the various cataplasms so generally recommended.

The German *umschlag*, or swathe, is only another name for the compress when it is applied to the thorax and abdomen. This consists of a towel or cloth long enough to encircle the body, and folded to any requisite width. It should be wrung out of cold water, and applied around the body with a dry cloth or flannel external to it, and of sufficient thickness to keep the outside clothing dry. The best way to apply this is to have the patient sit up in bed (if he is able), spread the wet bandage upon the dry one, and place them on the bed in proper position, and allow

the patient to lie down upon it, and the body to be encircled by it. In doing this, it should not be forgotten that the application often gives quite a shock to the nerves of the patient; and this shock is repeated each time it touches the skin. Care should therefore be taken to remove any obstruction, and, lifting the ends of the wet bandage, gently apply it where it is intended, and let it remain. Then apply both of the other ends, i. e., both wet and dry bandages, in like manner, and afterwards secure the other dry one over these, so as to prevent their slipping out of place. When the patient is unable to sit up, or even to be raised, he may be gently rolled upon the side, the compress prepared as before, one end of it folded and rolled, so as to keep the dry one outside, and tucked under the back, and the patient be rolled back upon it, and the end secured as before.

This form of compress I am accustomed to use in most cases of inflammatory congestion, such as pleurisy, pneumonia, endocarditis, or other inflammatory diseases of the heart, liver, spleen, or kidneys; in rheumatism of the chest or diaphragm; in gastro-enteritis, peritonitis, and metritis; also in all severe cases of typhoid fever. In cases of typhoid fever, no anodyne is so soothing, grateful, and quieting as the cold-water swathe. Of course the repetition and continuance of the applications must be dictated by the observation and judgment of the physician. In cases of erysipelas and phlegmonous inflammation, the compress should be changed so often as not to allow of congestive re-action. But in cases of rheumatism or inflammation of the cavities, it is better to allow partial re-action of the cutaneous circulation, and then renew the application. It may require to be re-

newed every few minutes, or it may be hours before the re-action is sufficient to require it. In cases of collapse and spasms of cholera, no remedial agent is so grateful or so beneficial as the cold *umschlag*, and the friction with cold water. Whether the benefit derived is from the application of electricity or oxygen, or a mere stimulant to cutaneous circulation, I shall not undertake to decide. But I would sooner relinquish my profession than be denied the use of water in the manner described. In the early stages of tuberculosis, nothing can be more serviceable; and I am well satisfied, that, in many cases, the undertaker has been cheated of a job by its application.

The "*sitz-bad*," or *hip-bath*, is another manner of applying water as a therapeutic agent. The cold-water *sitz-bath* should not be dispensed with in cases of colic, attended with peritoneal inflammation. I have often resorted to it with the most perfect satisfaction in severe cases of puerperal peritonitis, seeing my patient fall into a quiet sleep in five minutes after being placed in the bath. It is also beneficial in cases of chronic metritis, ovaritis, or inflammation of the bladder. In cases of uterine hemorrhage, as in menorrhagia or menopause, the warm-water *sitz-bath* is better accompanied, perhaps, with a hot-water *douche* upon the spine at the same time. In cases of severe tormina and tenesmus in dysentery, no palliation is so grateful as the cold-water *sitz-bath*. The duration of the bath may be from five to twenty minutes. But the duration, and the repetition of the bath, must be left to the observation and judgment of the physician; and, in all cases requiring the bath or the embrocation, he should be sure they are properly applied.

The *douche* is another way of applying water to the skin. This consists in a continued stream falling upon some particular locality, for a special object. When there is a bathing-tub, perhaps the most convenient *douche* may be made by applying a hose-pipe to the faucet, and the water directed to any desired locality by the hose. Or it may very conveniently be applied by a hand forcing-pump, or a continuous stream from some height from a suitable vessel, the patient being placed in a tub sufficiently large to collect and retain the water. A very convenient way of preventing the water from spattering is to take a piece of painted canvas, and roll it in the form of a funnel, a foot or more long, place it over the desired location, and inject the water through the funnel. The cold-water *douche* is a sovereign remedy in all cases of recent sprains and contusions. No agency is so effectual in relieving pain, checking inflammation, and exciting healthful re-action.

I have found the cold *douche* most effectual in reducing strangulated hernia. It probably reduces the volume of the tumor by condensing the gas in the intestine, and at the same time excites antiperistaltic action, and thereby retracts the intestine through the ring. The patient should be placed upon a low stool over a tub, in a recumbent position, with the knees drawn up. The *douche* should be continued upon the tumor for a considerable time, in the manner before described, after which, with slight manipulations by taxis (if there is no adhesion), the tumor may easily be reduced. Sometimes it will be reduced by retraction of the intestine without any manipulation. The cold *douche* is a valuable remedy in hydrarthrus, gonarthritis, and in chronic inflammation of other

joints. During the cold stage of intermittent fever, or the incipient stage of other fevers, the cold douche, or the shower-bath, is a potent means of changing the stage by determining the circulation to the skin, and producing perspiration sooner than it can be done by the application of heat. In a case of intermittent fever, if the patient can be seen at the commencement of the chill, he should be stripped, set in a large tub, and one or two pails of cold water poured over the whole body. He should then be immediately packed in two or three blankets so closely as to quite exclude the air. Perspiration will soon be induced, thereby almost annihilating the hot stage, and breaking up the type of fever. I have frequently seen one or two such applications entirely check the exacerbations, and restore the patient, after long-continued and so-called heroic treatment.

The "*lein tuch*," or *wet sheet*, is another manner of applying water to the skin. This is done by spreading two or more blankets upon a bed, then wringing a sheet out of cold water so that it will not drip, and spreading this upon the blankets. These should be placed toward the side of the bed, so that the patient can be laid upon the middle of the sheet. Care should always be taken to arrange the blankets sufficiently high on the bed, so that, when the patient is placed upon the sheet, the blankets and sheet may be even with the top of his head; otherwise there will not be sufficient length to pack closely about the neck. It is seldom necessary or expedient to wet the whole length of a sheet; for, if several folds of the wet sheet are applied about the feet, it may require a long time for the feet to get warm. The length of the patient should therefore be considered, and only enough of the

sheet to be wet to cover the feet. The patient should be placed upon his back, the arms extended down. One side of the sheet should be wrapped over the body, and closely packed about the neck; then the other side in like manner; then the blankets in alternate folds should be so closely packed about the neck and feet as to exclude the air. The sheet should be folded sufficiently tight about the body to prevent the arms from being brought up, and so loosely about the feet as not to make them uncomfortable. The patient must always remain in the pack long enough for re-action to come on, or to get thoroughly warm. It may not always be advisable for the patient to remain until perspiration breaks out. But if the heat is excessive without perspiration, another sheet should be prepared, the blankets carefully unfolded and spread, the warm sheet taken off, the fresh one spread, and the patient immediately packed as before. In cases of fever, when the patient is not seen until after the cold stage, it is better to use the wet sheet than the cold affusion; and, if the patient does not readily get warm in the pack, more clothing should be applied, and he must remain until he does so: he should not, however, remain long after perspiration takes place. It is very well, when taking one from the pack, to sponge the skin quickly with cold water, and rub briskly with a dry towel.

PROCEEDINGS
OF THE
ANNUAL MEETING.
1868.

PROCEEDINGS

OF THE

TWENTY-EIGHTH ANNUAL MEETING, 1868.

THE 28th Annual Meeting of the Society was holden at the Meionaon Hall, Tremont Temple, Boston, on Wednesday and Thursday, 8th and 9th of April, 1868.

MORNING SESSION.

The President, I. T. TALBOT, M. D., of Boston, called the Society to order at 10 o'clock, A. M.

The records of the last meeting were read and approved.

The President delivered an interesting introductory address, (ART. XV.) at the conclusion of which the Society proceeded to ballot for the following candidates for membership, who have been approved by the Board of Censors and recommended by the Executive Committee, viz :

A. F. SQUIER, M. D.	Boston.
MERCY B. JACKSON, M. D.	Boston.
W. G. WARE, M. D.	East Boston.
CHARLES F. ROBINSON, M. D.	East Boston.
H. K. MACOMBER, M. D.	Jamaica Plain.
F. H. UNDERWOOD, M. D.	Millbury.

These candidates were all unanimously elected, except Mercy B. Jackson, M. D., who, after a limited discussion of the principle of admitting female practitioners to membership in the Society,—participated in by Drs. Krebs and Cullis of Boston, Cate and Morse of Salem, Cushing of Lynn, Holt of Lowell, and Swazey of Springfield,—was rejected by a vote of 31 to 33.

Dr. BELLows of Boston moved, that the Committee on the Alteration of By-Laws be requested to make their report previous to the election of officers for the ensuing year.

Lost.

The Treasurer, Dr. T. S. SCALES, made a report, which, on motion was accepted.

The Librarian, Dr. WHITNEY, reported that the library of the Society had been increased to the extent of six bound volumes, presented by Dr. Butman of Boston.

Report, on motion, accepted.

The Committee on the Library, through Dr. GEORGE RUSSELL, chairman, submitted their report which was accepted.

The recommendation of an extra assessment of \$3, contained in the report of the Treasurer, after discussion, was unanimously adopted.

On motion, it was voted that the name of Eleazer Bowen, M. D. be erased from the roll of members of this Society on account of non-payment of dues.

The first resolution, including the report of the Committee on the Library recommending an appropriation for the increase of the library, was laid on the table.

The second resolution of the same committee, requesting Fellows of the Society to contribute to the library such books as they can spare, was adopted.

The Committee of Publication made a verbal report through the President.

The Committee on Materia Medica was called, but did not respond.

Drs. E. C. Knight of Waterbury, Connecticut, and J. H. Gallinger of Concord, N. H., delegates from the Homœopathic Medical Societies of the above States respectively, were duly received, and made interesting remarks and reports concerning the condition of homœopathic medicine in their States, and the proceedings of their State Societies.

The President announced that he had received from the authors, for presentation to members of the Society, a number of copies of "An Address on Homœopathy in New York, and the late Abraham D. Wilson, A. M., M. D., delivered before the Medical Society of the County of New York, at its Anniversary of Hahnemann's birthday, April 10, 1865, by his early friend, John F. Gray," and a Biographical Sketch of J. H. Pulte, M.D., of Cincinnati, Ohio. These copies were eagerly claimed by members, and the supply quickly exhausted.

At 12.30, P. M., the meeting adjourned for one hour, and the members retired to an adjoining hall and partook of an excellent lunch provided by the President.

AFTERNOON SESSION.

The Society re-assembled, and was called to order at 1.30, P. M.

G. W. SWAZEY, M. D., of Springfield, was then introduced, and pronounced the Annual Address; subject, "A Scientific Basis for Homœopathy." (ART. XVI.)

At the conclusion of the address, it was moved and unanimously voted, that the thanks of the Society be presented to Dr. Swazey for his elaborate and interesting address, and a copy of the same requested for publication. The orator occupied about two hours in the delivery of his learned discourse which received the marked attention of the members from beginning to end.

The report of the Committee on Clinical Medicine was called for, but no response made; and on motion of Dr. Russell it was voted to proceed to the election of officers of the Society for the ensuing year. The President appointed a committee of three to collect and count the ballots.

The result was reported as follows, viz :

<i>For President.</i>	
H. L. CHASE, M. D.	CAMBRIDGE.
<i>Vice-Presidents.</i>	
CONRAD WESSELHOEFT, M. D.	DORCHESTER.
H. B. CLARKE, M. D.	NEW BEDFORD.
<i>Corresponding Secretary.</i>	
E. U. JONES, M. D.	TAUNTON.
<i>Recording Secretary.</i>	
L. MACFARLAND, M. D.	BOSTON.
<i>Treasurer.</i>	
T. S. SCALES, M. D.	WOBURN.
<i>Librarian.</i>	
J. T. HARRIS, M. D.	ROXBURY.
<i>Censors.</i>	
DAVID THAYER, M. D.	BOSTON.
F. H. KREBS, M. D.	BOSTON.
C. H. FARNSWORTH, M. D.	EAST CAMBRIDGE.
HENRY C. ANGELL, M. D.	BOSTON.
DANIEL HOLT, M. D.	LOWELL.

The report of the Committee on *Materia Medica* was again called for. The Chairman, Dr. Chase, not being present, Dr. WESSELHOEFT made a brief verbal report.

Dr. G. M. PEASE, of Boston, moved that Dr. Bellows be allowed to read his paper, assigned to be read to-morrow, P. M., at the present time. Carried, and Dr. Bellows then read a paper on "The Philosophy of living."

At 5 o'clock, P. M., on motion, the meeting adjourned until 9 A. M. to-morrow. In the evening, the members with their families were elegantly entertained by the President, at his residence on Mt. Vernon Street.

SECOND DAY. THURSDAY, APRIL 9TH.

MORNING SESSION.

The meeting was called to order at 11 o'clock, A. M. Reports of the following Societies and Institutions were read, and on motion, accepted and referred to the Committee on Publication, viz :

1. Of the Boston Academy of Homœopathic Medicine, by G. M. Pease, M. D. Secretary.
2. Of the Worcester County do., by C. C. Slocumb, M. D., Secretary.
3. Of the Bristol County do., by J. W. Hayward, M. D., Secretary.
4. Of the Consumptives' Home, by Charles Cullis, M. D., Physician in Charge.
5. Of the Home of the Angel Guardian by H. P. Shattuck, M. D., Attending Physician.
6. Of the Boston Homœopathic Dispensary, by S. Whitney, M. D., Attending Physician.

7. Of the Lynn do., by A. M. Cushing, M. D., Attending Physician.

8. Of the Old Ladies' Home, Charlestown, by Levi Pierce, M. D., Attending Physician.

Delegates to other Societies made verbal reports, which on motion, were accepted.

Reports of Special Committees:

Dr. F. H. KREBS, of Boston, of the Committee appointed at the last semi-annual meeting to solicit subscriptions of physicians for the purchase of a durable album, in which to have arranged the photographic likenesses of members in the order of their admission to membership in the society, reported that he had secured an album, collected about fifty likenesses of members and arranged them in the volume. Dr. Krebs then exhibited a large, elegantly bound album, and remarked that as the idea of the volume and the photographs, and the motion to obtain the same, originated with himself, he begged the privilege of presenting it to the Society. This proposition was greeted with warm applause, and, on motion, the report of Dr. Krebs was accepted, and it was voted that the thanks of the Society be presented to him for his elegant and generous gift.

The Committee to whom was referred the motion of Dr. Morse, of Salem, to amend the 2d By-Law of the Society, reported through Dr. Krebs, Chairman, that it was inexpedient to amend it, but recommended that the Secretary be requested to include in his notices to members of the annual meeting of the Society, the list of candidates for the several offices of the Society, selected by the Executive Committee.

This report was discussed by several members, and, on motion, unanimously adopted.

The Committee on the best method of keeping physicians' accounts and records,—Dr. E. U. Jones, of Taunton,—made a report which was duly accepted.

The following communication, addressed to the President of the Society, was read by the Secretary.

DETROIT, March 31, 1868.

I. T. TALBOT, M. D. :

Dear Doctor,—I am about printing the “*United States Homœopathic Dispensatory*.” You know we need a book of this kind very much, *and it is essential that it shall be a standard work*. I propose to submit the proof-sheets to committees of the various State Societies, also to the American Institute, for revision. Several State societies have already passed resolutions for this purpose, and I shall feel obliged if you bring the matter up before the Massachusetts Society at your next meeting.

Fraternally yours,

EDWIN A. LODGE.

Resolved: That the Massachusetts Homœopathic Medical Society is glad to learn that it is the intention of E. A. Lodge, M. D., of Detroit, to publish a “*United States Dispensatory*.” And the Society, recognizing the necessity of such a work, hope that Dr. Lodge will spare no pains in its preparation, to the end that it may become a standard work.

The foregoing resolution was offered by the President, Dr. Talbot, and unanimously adopted.

An elaborate paper on Hydrophobia, by S. P. HEDGES,

M. D., of Chicago, was received from H. M. Paine, M. D., of Albany, N. Y., and, on motion, was referred to the Committee on Publication, and the thanks of the Society voted to the author and to Dr. Paine for the valuable paper.

Dr. E. U. JONES, of Taunton, for the Committee on Publication, reported that he had carefully examined the records of the Society for the last twenty-five years, and had found a great deal of valuable matter which had as fresh interest now to the members as when it was first produced by, and for the consideration of, the few zealous and able workers of the early time of Homœopathy in Massachusetts.

He said he had sifted the various papers, discussions, clinical contributions, etc., embraced in the records, and had commenced a careful arrangement of the matter under appropriate heads, and thought the whole would make a volume of real interest and value to the profession. He thought it would be useless to go on and finish up the work if it was to lie in MSS., and hoped, therefore, that the Society would authorize the completion and publication of the volume.

It was moved and voted that the question of completing and publishing a digest of the records, after the plan indicated by Dr. Jones, be referred to the Committee on Publication and the Executive Committee, and that these committees have full power to determine the same.

At 12½ o'clock, P. M., the meeting adjourned for one hour to partake of a lunch provided, as on the first day, by the President.

AFTERNOON SESSION.

The Committee on Clinical Medicine, Dr. JAMES HEDENBERG, of Medford, made a report. Several valuable communications had been received by this committee and considerable interesting matter collected, but owing to the lateness of the hour, it was voted to dispense with the reading of the communications and refer them, with the said report, to the Committee on Publication.

Portions of the communications addressed to this committee, by Drs. Wesselhoeft, of Harrison Square, Gregg, of Boston, (ART. XVII) and Cushing, of Lynn, were subsequently read, by vote of the Society.

The thanks of the Society were voted to T. C. DUNCAN, M. D., of Chicago for a valuable paper contributed by him to the Committee on Clinical Medicine, on Endemic and Epidemic Diseases as they have prevailed throughout the United States. (ART. XVIII.)

Dr. CUSHING, of Lynn, spoke of the oil of mullein as a valuable remedy in deafness. In proving this oil he found that it produced involuntary urination, etc., etc. He related a case of deafness, of two years' duration, promptly cured by a single application of the oil.

On motion of Dr. MORSE, of Salem, it was voted that the Executive Committee be instructed to appoint committees on Obstetrics and Surgery.

Dr. PACKARD, of South Boston, reported a case of Diphtheria in which the eyes and nose, as well as throat, were severely affected,—the worst case he had ever seen, and which seemed to be rapidly tending to a fatal termination under the usual treatment, but which was checked and

finally cured by the vapor of slaking lime, after the process of Prof. Neidhard.

Dr. J. C. NEILSON, of Charlestown, exhibited to the Society a remarkable case of arrested developement. The subject was a female twenty-four years of age. Her height was 3 feet 5 inches, and her weight 44 lbs. At the age of five and a half years she had a severe attack of brain fever, and since that time there has been neither physical nor mental growth. The case excited a good deal of interest, and, on motion, it was voted that Dr. Neilson be requested to write out a description of the case, and that the same be referred to the Committee on Publication.

The subject of Uterine Displacements was discussed by Drs. GREGG, SWAZEY, KREBS, SCALES, of Newton Corner, WOODVINE, PACKARD, MORSE, WESSELHOEFT, and PIERCE.

Dr. SWAZEY remarked that he thought displacement of the uterus was merely a symptom of a case, and would be relieved when the disease of which it was a symptom was relieved. The great majority of pessaries he had seen and used had proved inadequate to relieve, and he had laid them, one after another, aside. He exhibited one, however, known as Harding's Uterine Elevator Pessary, which he thought really well adapted to serve the purpose of a pessary, which was merely to support the uterus in place while the cause of the procidentia was being removed.

Drs. KREBS, PACKARD and SCALES said that they had given up the use of pessaries altogether, and depended upon injections and the indicated remedies. Several interesting cases were detailed, the remedies used being nux. sepia, creosote, sulph. and platina.

Dr. CONRAD WESSELHOEFT said :*

Uterine displacements have been hitherto looked upon as mechanical affections, brought on by mechanical causes. There is very little that is purely mechanical in the animal organism. We must always bear in mind its organic nature first. As long as it is taught that uterine displacements are to be explained by mechanical causes or reasons, their treatment will be wrong, and cures impossible. Though it may be difficult to state the cause of uterine displacements, yet with a proper distinction between mechanism and organism, it is less difficult to say what is not the cause of them. Mechanical causes are secondary and must be preceded by pathological conditions. In this country, where women in general are not compelled to severe physical labor, cases of uterine displacement dependent on mechanical causes are so rare as hardly to come into account; but they occur more frequently in countries where women toil like men, and perform physical labor requiring the greatest muscular endurance and strength, such as plowing, carrying loads of over a hundred pounds on their backs or heads, often in an advanced stage of pregnancy, or soon after delivery—there uterine displacements from mechanical causes do actually occur sometimes; but here we must look at the matter differently. The pathological conditions preceding or causing displacements may consist in certain structural changes, or relaxation of fibre from want of tone, or enervation, etc. About this we are much in the dark, so much so that we may safely confess that we don't know anything about it; and if our curative measures depended on our positive or theoretical knowledge, we might as well give up at

*Dr. Wesselhoeft kindly furnished the Secretary the report of his remarks.

once. But fortunately, we are not obliged to cure by theories, for there is always something in these cases which we can know positively. A patient suffering from uterine displacement (prolapse, retroversion, ante or retroflexion) invariably presents many symptoms which we can see and know, though we may not be able to explain them. To observe them in all their variety of feelings and functional disturbances is of primary importance to the physician; thus we can often find means of relief and cure, where an explanation is impossible—or, have we ever explained the nature of uterine displacements? By no means. But what can we know concerning this disorder? A woman with womb complaint, in most instances, suffers from backache and *tiredness*, this universal malady of the present female generation. She often has headaches, derangement of digestion, menstrual disorder, affections of the mind. The headache may be one sided or bilateral,—its location should be nicely discerned; whether with or without nausea or vomiting, together with its time of occurrence or aggravation. The backache has as many varieties as the headache; these can all be ascertained as well as those of the tiredness. Some women have the backache at night while lying in bed; others, while walking; but with most subjects of this kind ordinary exercise is extremely fatiguing, and the recumbent position the only means of relief; yet no amount of rest cures these patients, but only weakens them more. Menstruation may be too early or too late, too profuse or too scanty, etc. Constipation is a common symptom. The greatest variety is presented in the affections of the mind. An inclination to dwell and speculate on the nature of their complaints is also common, with an apprehension of

never regaining their health, or the most variable and capricious neuralgic pains, a feeling of emptiness and sinking in epigastrium and abdomen, often accompanied with an irrepressible desire to sigh deeply, without the ability to inhale deep enough, while the lungs can be perfectly inflated.

The remedies cannot all be enumerated, but I will mention a few which bear a strong relation to such cases:

Sepiæ succ. In great weakness, tiredness, despondency, disinclination to walk or to move, with a gone, sinking feeling in epigastrium and hypogastrium (plexus coeliacus); with feeling of falling of the womb—this remedy has been of great benefit in extremely chronic cases.

Calcarea carb. relieved several instances of this kind, characterized by *sighing*, morbidly distressing; when the patient could not draw her breath deep enough, *it is almost specific*. Also in bearing down feeling, with excessive menstruation in plethoric subjects.

Sulphur must not be forgotten in cases of real or supposed prolapse, with extremely capricious and variable neuralgic pains shifting their place frequently; menstruation at one time too early, at another too late; the patient speaks of all her suffering, with a bland smiling face in the midst of her suffering. Such were a few constant symptoms, occurring in an almost interminable catalogue of complaints, in a case of hysteria of fifteen years' standing, decidedly improved by sulphur.

The subject of high potencies was introduced by Dr. SWAZEY, and discussed by himself, Drs. GREGG and WESSELHOEFT. Dr. Swazey said that he considered the subject of vital importance to homœopathy. In relation to

potencies and the effects of high potencies, we are adopting statements for facts. We must, he said, be able to explain the philosophy of these declared results. He did not wish to be understood as cavilling and doubting or intending to discredit in any degree the experiences of friends, he only wished to ask for some explanation that would satisfy an inquiring mind, and, further, where potentizing is to end.

Dr. C. WESSELHOEFT said he was glad that the question had been brought up. He thought the field of inquiry a large one, and that it could not be properly examined in an unpremeditated discussion. In regard to his own experience he would say that in the commencement of his practice he tried to fix certain guiding points for himself, and began potentizing and using remedies at the 3d, 6th, 30th and so up. His success increased in proportion as he extended, or carried up his potencies. He did not, however, ascribe his better success wholly to the use of high potencies but, partially, to his more thorough acquaintance with the materia medica and improved skill in selecting and applying the proper drug. He thought we had not yet begun to determine the limit at which medicine ceases to act.

Dr. GREGG remarked that he had no experience to offer in the matter of high potencies. He had never used them for the reason that he had never seen the necessity for employing them, being well satisfied with the effects of the low potencies. The cases of cures by high potencies, reported by Hahnemann, he thought unsatisfactory, as a class. He referred to some of Hahnemann's cases and discredited the logic by which he connected the cure. or

recovery, with the drug thought to have been administered.

Dr. SWAZEY said that the discussion was taking too discursive a turn. The question he desired answered was not what potencies members used, but what is the common sense, or philosophy, of the use or the action of high potencies. If, with Dr. Gregg, we are satisfied that low potencies can be used without injury to our patients and curatively, why not stop there, why sail out upon the broad sea where no known philosophy can sustain us? Is it not better to keep within hailing distance of the shore? How far and with what understanding we are to follow the high potency experimentation is the question I would like to have settled.

On motion of Dr. SWAZEY the thanks of the Society were unanimously voted to the retiring officers for their faithful services, and especially to the retiring President for the ability and courtesy he has exhibited in presiding over its deliberations. Also, that a copy of his introductory address be requested for publication.

The President briefly responded, returning thanks for the compliment of the vote just passed; and,

On motion, the Society adjourned.

L. MACFARLAND,

Recording Secretary.

. XV.

ADDRESS OF THE PRESIDENT,

I. T. TALBOT, M.D., OF BOSTON.

FELLOW-MEMBERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY:

It becomes my duty, as it is my privilege, to welcome you at this 28th annual meeting of our Society. In the year 1840 five men, following out Hahnemann's favorite motto "*aude sapere*," had, in spite of the opprobrium which then prevailed against it, candidly examined and fully adopted the principles of homœopathy. They came together and established this Society, which from that time to the present has steadily increased in numbers and importance. It was called the "*new school*" then; but when we consider the currents and counter-currents which have since wrecked other and prevailing systems, while ours remains the same, unchanged, it is possible that we may soon exchange the title of "*new*" for that of *dominant* school.

This Society never occupied a position so favorable and so influential as it now does. When I look upon its members, I see not a few whose hair has been whitened by the earnest self-denying labor and discouragements of many years; who have on each and every occasion battled manfully to sustain the dignity, and establish the success of

our cherished principles. At the sight, mingled respect and gratitude arise in my heart, and I am not surprised that our cause has prospered. I see, too, men of middle life imbued with the same earnest devotion, daily lengthening the cords, and strengthening the stakes of our Society, and I well know why our cause is still prospering. And when I see the young men who, in increasing numbers, are devoting themselves with ardor and enthusiasm to this same cause, making our latest acquisitions a part of their outfit, surely I have no fears for the future of homœopathy.

The past year has been one of progress with the Society; its meetings have been larger and more interesting than ever before. It has completed and distributed to its members a handsome volume of its publications, containing nearly six hundred pages. Through the generosity of a few members, Part I of another volume has been published and will to-day be distributed. By the untiring energy of another of its members, the records of the Society, from its very commencement, have been carefully revised and the most valuable portions of them selected, sufficient to make another volume similar to the one already completed. It is hoped that there will be consummated at this meeting an arrangement which will insure a speedy publication of this volume. We shall then have,—what is so seldom the case in a medical association—a complete and uniform series of publications embracing the entire history of the Society.

We have especial cause to be thankful for the remarkable exemption from mortality during the past year. Death has claimed but one from our circle; one who had been but a short time with us. But we had already

learned to esteem him and were anticipating much, both of pleasure and profit, from his future relations with this Society.

Danforth Whiting, M.D., died at Lunenburg, Massachusetts, November 25th, 1867, aged 37. He formerly resided in Augusta, Me., where, by his devotion to an extensive practice, he laid the foundation for the disease which terminated his life. Hoping to regain his health, which had been gradually failing, he removed to Boston; but his disease, *tuberculosis*, had already made too great inroads upon his constitution to be arrested. Though the fitful ameliorations of his malady often gave his friends encouragement, yet he gradually failed, and a few months before his death he retired from practice to the quiet of the country. Those who merely met him were always impressed by his gentlemanly and courteous bearing, while those who knew him best, can attest to the sweetness of his disposition, his earnestness and integrity. While we mourn his departure, let the good qualities of his mind and heart be a bright example for us to imitate.

It may not be inopportune for us at this time, to consider the best means for improving our science and advancing what we deem to be the great cause of medical truth. I need not repeat to you what has been so often and so well said from this place, that the only basis of our professional usefulness lies in the practical study and improvement of our materia medica, both by examining the provings made by others, and repeating them upon ourselves. It not only extends our knowledge of remedies, but gives us that insight into the minute relations of drug symptoms to disease, without which we cannot be good practitioners.

By means of provings upon ourselves, the characteristics of these drugs are ineffacably fixed in our mind. We have the testimony of some of the most eminent men in our school, that their success has been the result of these personal experiments or provings. Let us then, each and all of us, make these experimental studies of drugs, if we would do anything for our cause, or even for ourselves.

An unusual degree of harmony has always prevailed among the members of this Society. Whatever of personal differences, or causes of unpleasant feeling between the members may have arisen outside of these walls, within them they have been laid aside, and we have all worked together for a common cause. The "potency" question, which in some places has been discussed with such acrimony as to paralyze all progress, has, with us, been treated as a question of facts and observations, rather than of theory. The largest liberty has been allowed to our members, and so long as the similimum was sought, no one has questioned our right to administer the crude-tincture or the hundred-thousandth potency. It will require many years at least of careful experimentation, to determine the *exact* degree of dilution best adapted to disease, if indeed the problem be susceptible of an accurate solution.

The following extract from the code of ethics prepared by a Committee of the American Institute of Homœopathy, of which our honored associate, Carrol Dunham, was the Chairman, wisely and clearly expressed the position which this Society has always held on this subject.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive

science. Its history shows that what is heresy in one century may, and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or "regularity." It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee :—

1. A truly fraternal 'good will and fellowship among all who devote themselves to the care of the sick.

2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science,—as it exists in all sects and schools of medicine,—as the essential qualification of a physician.

3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness entrusted to his care.

There are, I am sorry to say, examples to be found in the medical profession, in marked contrast with this spirit of liberality and freedom of opinion. The oldest Medical Society of this State has a clause in its by-laws denying membership to any person, however well qualified, who believes in Spiritualism, Homœopathy or Thomsonianism." Other Societies censure and even expel members who believe in the principles of homœopathy. And the New York Academy of Medicine has recently made itself notorious, and called forth the reproach and ridicule of the secular press throughout the country, by expelling one of its members, honorable in every other respect save that he consulted with a homœopathic physician. Moreover there are individual members of the profession who consider

homœopathic physicians as professional Pariahs, not to be recognized or even tolerated by society, by church, or by state.

Not long since, one of the original members of this society said to me, that when he began to practice by this method, he found it so effective that he thought that in ten years the whole medical profession would have adopted homœopathy. Nearly thrice ten years have passed, and yet our school is in the minority. I need not refer to the obstacles which have prevented its universal acceptance. The intolerance of Medical Colleges, which do not permit the utterance of a word in favor of homœopathy within their walls, the careful exclusion of our school from all positions of honor and responsibility in hospitals and public institutions, the proscription of homœopathy in the army and navy, the refusal of any official or public comparison of the results of the methods of treatment, the social and professional ostracism which has been so powerful as to overawe many who would otherwise have examined and adopted our principles,—these and many like causes have retarded the progress which our ardent associate had expected.

But the overcoming of these difficulties will serve to give us growth, and will enable us with confidence and strength to take the incoming tide of success, of which these very obstacles are the forerunners.

A recent writer has said: "A good cause passes through many stages on its way from unpopularity to success; and when, having survived odium and persecution, and met and vanquished the arguments which it has extorted, it reaches the epoch of good-natured opposi-

tion, of burlesque and caricature without malice, and satire without a sting, it may know that the beginning of the end is at hand."

We have outlived the odium, and refuted the arguments; the burlesque and the satire have lost their sting, and we may now feel assured that we see the beginning of the end.

But to attain this desired end is yet no slight task. It is not enough that we should rely on the spontaneous and irresistible progress of Truth, but if we would serve our age and make the most of our opportunities, we must bring to the work minds of the highest order, strengthened by the most thorough training, endued with a knowledge, not only of the law of cure, but also of all the collateral sciences which can in any way aid us in understanding and combating disease. We cannot raise the standard of education too high, we cannot assist and encourage our young men too much, in their efforts to become thoroughly educated. To these attainments must be added a zeal which knows no discouragement, an earnestness which harbors no doubt, a determination which gathers strength from opposition, a steadfastness which can bide the hour of success however distant.

And there are now coming to us sounds of greatest cheer. Within the past week that earnest co-worker and hardy veteran, Chas. J. Hempel, has been appointed to the chair of Homœopathy in the University of Michigan, the largest educational institution on this continent. This is the first instance in America where our principles have been allowed to be taught in colleges not belonging exclusively to ourselves.

It has been accomplished by earnest, persistent effort, and we cannot but believe that its influence in disseminating homœopathy, will be felt not only in the West, but throughout the whole country. Let us hope that this will indeed be the entering wedge to open wide the door of Truth and allow its brightness to illumine the whole temple of medical knowledge.

XVI.

ANNUAL ADDRESS.

BY G. W. SWAZEY, M. D., OF SPRINGFIELD.

FELLOW PHYSICIANS :

As from a citadel many ways may lead out, so there are also many ways by which it may be approached.

Men of equal intelligence are apt to differ in the form of their thought on any subject, even while they come to agree in the same general conclusion.

I believe we are all of one mind in admitting as true, though probably from different reasons, a fundamental law of curing diseases expressed by the term "*Similia Similibus Curantur*."

This, which we regard as our maxim, having been so long defended by so many competent advocates, and having been found as a guide in practice to meet so well the wants of the profession, and the reasonable requirements of the sick, may stand in no great need of any other defense. But while it has enlisted the confidence of some of the most enlightened Physicians of the age who adopt it exclusively in their practice, there are others, more conservative, who divide their confidence between the old school and the new. And among equally firm advocates of Homœopathy, some find themselves satisfied in a way which is in no degree convincing to others. The public

also accept Homœopathy, some from their own observation and some upon the authority of their friends.

Some believe in it after a comparison of the mortuary statistics of the different schools, and others accord their faith as a thank offering for the signal blessings it has conferred upon their loved ones, or because their own name has not swelled the list of the lost and gone, as it might have done. Some readily embrace it with an instinctive longing for a simple and safe system of medical practice, and some, after reluctant trial, find themselves compelled to assent, first, to the truth of its power, and afterwards to the power of its truth. But *we*, as ministers at its altar, should seek to enquire farther than any of these, and learn something more of the nature of the truth we admit. We should discover, if possible by some deeper investigation, the principle involved in this curative process, and see if we may lift a little the mystic veil, and let in from behind it the light of science and reason.

This is the direction of thought which I propose to pursue, in some enquiry into the "rationale" of the "similimum" in the cure of diseases. Whether or not there are other laws, alike fundamental, concerned in the work of restoring lost health by medicinal means, we will not now consider, but certain we are, that no one law of cure can really conflict with any other; and although we fail to elicit any new light as the object of our search, we may be none the less confident that Homœopathy will be able to maintain its prestige and claims by practical work, as well as it has already done for more than two generations. Such a failure will only show that we have not approached the citadel in the best way.

Our endeavor is not in the ambition of scholarly attain-

ment, nor in the spirit of dogmatism, which as medical men we have had so much occasion to dislike, but is rather suggestive of some views which may be found to deserve a more careful elaboration than can now be given them, and which may perhaps furnish a stone in the foundation of the temple we are building.

Now if our philosophy concerning hidden things may appear somewhat mystical, let us bear in mind that everything in nature and in her laws becomes mystical, when we interrogate her at her inner court. And how absurd things are sometimes made to appear, when we ask for the how or wherefore of any of her dynamic forces.

Was there ever anything more seemingly absurd, than the theory involved in Jenner's proposition to save men from a scourge by prophylaxis, and that made more incredible by the "infinitesimal" use of the preventive, vaccine. It lost him his good name, and cost him a great trial, you know. And yet after all, was there ever anything adopted by the profession found at last to be more largely and practically useful?

Again, an attempt to find in the *similimum* a scientific basis for the use of medicine, after having admitted the truth of it, may to some seem superfluous; but there is a class who like to find another reason for their opinions, even concerning prime and fundamental laws, besides the demonstration of their existence. This may seem an intimation of some deep exploring to be done, but we do not so mean it.

We need apply only our commonest thoughts to develop enough of the practical application of our maxim, and the radical value of the doctrine that "Like cures

Like," to confound sceptics and silence our carping opposers; but of course there will be room to question the strictly scientific character of my position and remarks, which are offered mainly in fulfillment of the duty I owe you, in the attempt to follow the aphoristic advice of a favorite author, "that every man should aim to do something worthy to be written, or to write something worthy to be read." In doing so at this time, if I feel obliged to draw upon my thoughts elsewhere expressed, I hope the force of them may not be impaired, but rather increased by having stood the trial of further reflection, and as more worthy than those which sometimes flow from a hasty pen. My plan in discussing this subject, will be:

1st. To advance something of the nature or quality of our life in its normal or orderly condition.

2d. To consider vital force under the abnormal or disorderly condition, constituting and in general including our diseases.

3d. To enquire into the relation of man's life to the forms of life below him.

4th. To propose from these data a therapeutic law, by which abnormal forces or diseases are arrested, and the normal forces substituted.

In the phenomenon of life we invariably discover what is called a vital principle which underlies each and every function, and in general marks the whole range of organic life. We do not now refer to the formative power which is in operation before life manifests itself to the senses, but to that which sense discloses for itself.

Thus while functional life is apparently distinct and secondary, performing separate uses, and widely different

from that force denominated protoplactic, it still makes a one with it and the vital force, or it is to be so regarded in the present discussion. Together they appear as one, and are in effect one to wax and wane together in all animal life. And nothing lifts man from the same category, or exempts him from the same destiny, but the possibility of another and higher degree inwrought in his life.

This higher degree in man is claimed for many reasons, among which is that of our ability to aspire to it.

Whether that is conclusive or not, we must, in some way before concluding our argument, find room for the belief that a human soul stands higher in the scale of being, and hence in causation, than any other created thing. And while we would not burden a medical discussion with the "odium theologicum," so inseparable are our ideas of the life forces we must deal with in scanning every disease, and life sources in electing our means of cure, we plainly advance the belief that life in every manifested form comes down to us from an infinite source, grading and graduating itself by an inscrutable adaptation to the various forms it vivifies.

Whatever man may be in his whole or composite nature, we need not further enquire. We follow him only so far as we know him, an animal endowed as others with a vital principle and organic life, capacitated for perpetuating them, and that wherever, whatever, and whenever the source of his "energia," we consider him neither less nor more than a recipient and a medium of influent life.

It has been well said, that a beautiful and constant law of all orderly growth is in proceeding from within outward.

In all growing forms the essential vital element has its first home and starting point in the centre. This living principle within knows no weariness, and takes no rest. Its ceaseless effort is to enlarge its borders and to find for itself a basis in the ultimate part of creation. And ever it runs its tireless course forth and back, from centre to circumference, bearing back from all parts of its domain the offerings that shall renew its altar fire. Thus does it continually gather to itself new accessions from without, and stands forth in the universe a thing of reality and power.

But however it may have been in the first creation, so far as we recognize it now in the animal and vegetable kingdoms, life is derived through mediums provided for the purpose, or endowed with the power of transmitting it as just remarked ; and hence we assign to them the position of being at first recipients, and secondly mediums of all the life forms and qualities they individually possess, to be modified by new combinations. By the term "form of life," we intend to express not merely the contour or physical qualities which living creatures or things assume, but also and more particularly the essential principles from all of which the outer form exists. It becomes a comprehensive term, to express the *all* of life which belongs to the creature or thing spoken of.

Now any outline by which life is exhibited to the senses may or may not truly express the precise character of its influent principles. For we know that bodies, in every kingdom of nature, acquire a growth and development modified by external surroundings.

As functional work is secondary, and every change in it changes the quality of its product, so may it entirely

change the structure of tissues which depend upon it. Thus while the dynamic or formative power preserves its even, uniform mode, an endless variety of forms, features, and expressions may result from these varying circumstances.

Men may become well or ill-formed in their body or mind, so far as can be known by such adventitious causes, while the true and underlying human form is as it always was, and is everywhere the same, an inevitable result of vitalizing principles, which never change, or only change by the new unfolding of a progressive and interior organic law. Looking back in the light of a common philosophy, the human form seems to have been the climax of animal life, the last and crowning effort of a creative energy. But true as this is, we indulge a view from before his actual creation and looking forward into the unopened future, in which he seems a power already conceived, from and through which is to proceed a whole world of ulterior life. The savans have aptly called man a microcosm or little world, the type of the macrocosm or greater outer world, and the fact that lower orders of life existed upon the earth before the advent of man, does not invalidate this idea, for if the earth was prepared or intended for the coming man, he evidently had a potential existence, a prospective entity, more emphatically than any other to be created thing, even before "the mountains were brought forth or ever the world was formed."

Again, if we conceive the earth to have been, by any kind of foresight, fitted up for man's abode, there seems to be no alternative for us but to introduce him to his hermitage thoroughly furnished with every good thing and every thing good.

There was to him no poison plant, no baleful miasm,—if reptile, he had no venom in his fang. No disease in man's own body, nor corrupting element in other forms of life could at that auspicious epoch have existed. Such we conceive to be man's physical life in position, and quality, and uses; and our philosophy in short is one only life, from one only source, with the multifarious forms of it separated by non-continuous degrees, and changing in its manifestations of form as new elements of character are begotten. So the higher and lower degrees of created life seem to be separate in a way which indicates a downward evolution.

Indeed if this be not so, my theory concerning the relations of forms and substances is in vain. Unless the current of life sets in that direction, my little barque will most certainly be stranded. Improvement may go on in every grade of being, but the lower forms must be found entirely disqualified to ascend into and become in turn the higher, as the thing accomplished can by no means resolve itself into the power which had wrought it.

How it is that any principle, good or bad, can in its first motions operate or be acted upon to produce or sustain any sensuous form in nature, must remain, I think, a mystery altogether inscrutable; but that it is done, seems evident from the variety of forms answering so well to what is found to be within us. A knowledge of first causes therefore, we need not, should not aspire to, as from the nature of the case they would forever elude our search. They lie hidden by a mysterious veil, whose mazy folds would wrap about and confuse whoever essays to rend it.

How the tiny seed holds within its decidua the untold beauties which the spring time may reveal; how the

nut conceals in a little brown shell the giant tree ; how sunlight regenerates the life which is apparently gone, and clothes the bare earth with verdure ; how heat vitalizes the yet unformed chick in the egg ; or how the greater soul of man can subsist in its embryotic cell, are questions illustrative of quickening force, familiar and so far practical, yet reaching into a fathomless obscurity.

Enough may have been said to establish from the things we know, and from premises generally admitted, the claim that every natural growth pre-supposes an internal form, or principle from which they were derived. Thus things have come into active or manifest being, like to like, corresponding as a type to its anti-type, which, evolved from latent principles or passions, and thereby being sustained, will live in prolific energy as long as their specific vitalizing power continues to exist. So any form of life may multiply indefinitely, or utterly cease, and the earth know its kind no more forever, except by its fossil remains, whenever that particular force which has animated and sustained it ceases in the course of ordinary reproduction to inspire it. So there must have disappeared, in oblivion too deep to be dreamed of, many forms of animal and vegetable life, while new forms have been springing into active being, and thus the great work of creation goes ever on.

The position which man holds during this increase and decrease of representative life, may be inferred from his acknowledged superiority or from the known quality of his life. Him we must admit to be from principles which lay nearest the bosom of the creating power, and therefore the last if ever to fail of an orderly and continuous unfolding.

This allusion to man's inner life as a constituent of the human organization merely recognizes the psychic force which all our experience proves. It is made for the incidental purpose of distinguishing the forces we have to deal with in our professional duties, and partly in order to present him in his true relation to the lower and dependent forms of life, which are all likewise endowed with their own laws of reproduction, by which after first creation, they subsist each in its own degree, till their roots, which spring from the microcosmic man, and thence from him, derive their pabulum, shall wither and die. If it is true that the degrees of life are distinct like the qualities of the principles from which they spring, we conclude that whatever form has been derived of a bad or false principle alike with the good,—admitting this derivation to be possible,—cannot by any process of refinement change its quality, or that the gap, by which one grade of life is separated from another, cannot be bridged over. Though it may be difficult to mark the dividing line, there is a line nevertheless, and when seen it is found to be as fixed as that which lies between the things of life, and their form in chiseled stone. And we further conclude that man being in his normal or orderly state, and his birth-right free from the taint of diseases, remained so till by some violation of the laws of his life, he induced them, which suicidal work has been going on and developing new results from generation to generation, till we have come to an inheritance of a multiform and almost endless variety of them, and, let us hope, to safer and better means of eliminating them.

But how came this ill starred heritage, and how we

can avoid the sad consequences of it are the important queries which lead to our second topic, which is to consider the vital force under an abnormal or disorderly condition, constituting and in general including our diseases.

It seems but reasonable to consider first how this dilemma may have originated, before attempting to speculate upon the best way of escaping the consequence of it. It appears plain that uncontaminated life must continue in consequence of its own order to impart healthy function to all it had created, especially so with man, its leading exponent. It seems equally probable that whenever the uses of that life were perverted, or its channels were imprudently blocked up, by any mere or mean self conceit, that the pure streams which would have flowed smoothly on were thereby misdirected, and new functional relations were inaugurated.

With the theologic how, why, when, or wherefore, we have nothing to do in our discussion,—the palpable fact, that we are in these bonds of physical iniquity, being all that we need to keep in mind. Its first and beneficent quality cannot be impaired but by an abuse of it, after receiving it. When the harmony of its relations is interrupted, the health falls from its original standard, and presents to us the beginning of life in its abnormal aspect, and so by degrees characteristic lineaments of man's errors and faults appear in his body, and we name them diseases.

The human race has been afflicted with some types of disease, doubtless, which have long ago disappeared and affect us no more. But new ones now and then, sporadic, epidemic, and contagious, are let loose to confront us.

What physical sign or symptom stands for this, that, or the other fault in the great catalogue, I will not undertake to say, though in some cases the clue to them is too plain to be mistaken. It is sufficient for the present, that these diseases, in all their multifarious forms, are seen to be the true expressions of man's own faults. They are the legitimate fruits of new and bad principles, begotten and born in the exercise of his own inclinations, some of them far back in the ages.

Now it will be admitted, I think, that so long as man, by any means, preserved that harmony of relation which exists between his physical and mental life, at the time when there was no discord in all the teeming forms of life, there was, there *could* have been no disease to afflict his race, and hence no specific remedy for disease, of which we talk so familiarly now.

If no bane, no antidote.

So as men kept their estate in those days, from first to second childhood, from the cradle to the cradling grave, the inner and healthful forces of their life must have exhibited the outer harmony and expressions of uninterrupted health. Instead of dying as we do now, diseased and prematurely, they should have passed quietly away, as by a new birth, to a hoped for newness, as the traveler goes to his rest.

Such presentation of the subject of diseases may seem abstract and impractical, and if any are ready to ask what such an exposition, if true, has to do with our common ailments, such as croup, or colic, rheumatism, spasms, colds, fevers, or any "itis" or "algia," I answer, much every way to the physician, and perhaps nothing anyway to the patient.

This definition of disease properly divides the subject, so that we may avoid confounding the symptoms or signs of a disease with the disease itself. A distinction, which is unimportant to the reflecting mind, becomes indispensable to one who would discriminate between what he should cure and what he needs only to palliate. And as we well know, one great hindrance to success in practice is a want of just discrimination at the bedside of the patient; and also that this is cultivated and corrected only by a proper division of the matter, and the direction of our thoughts to the remote causes of the symptoms before us for treatment.

As I would avoid the appearance of making distinctions without a difference, a single illustration will give a fair view of this subject.

Suppose you are called to a case presenting rigors, coryza, headache, backache, coated tongue, rapid pulse, &c., a not uncommon group of symptoms. You prescribe for the patient, and before leaving express your opinion in common parlance, "threatened with a fever." You make the same diagnosis for a few wearisome days, with prognosis all the time favorable, when by the appearance of characteristic pustules you find before you a case of variola. The secret is discovered. Diagnosis was at fault, and prognosis becomes less favorable. Now how long had the patient had this disease? Not less than two weeks and possibly four. The plain fact is, the disease was incubating in the patient, hatching its infernal eggs week after week, and giving no sign. Finally the "vis conservatrix" roused the whole camp to arms, and the struggle came on in earnest, between a foul dis-

ease in the effort to kill its victim, and kindly nature trying to save the life she is set to guard.

There was a time probably when men, although subject to the symptoms enumerated above, could not by any means have contracted that disease, for it did not at that time exist. Since it came to exist (whether in the way I have hinted nor not), we have all become heirs to it, and it is doubtless on account of such inherited disability that contagious diseases are so rife.

This depraved condition is the ground made ready for such seeds and subsequent fruitage. It is in itself a "quasi" disease, and so are we "booked" for nameless ills by the insidious undercurrent of our bad blood, however begotten.

Those diseases which are designated *chronic* will stand by themselves, monuments of the truth that lurking somewhere in the organism are the deadly enemies of its health, ransacking the very bones in mischief. Symptoms of endless variety express their quality, and by means of generalizing them are we able to direct our means of eliminating them from the body, or according to my own theory, to induce them from their active centre to a harmless removal in the circumference, which is about all the cure we can ever hope to accomplish.

That large class of diseases which we call acute, indicated at first by simple derangement of the functions, are the many tongued utterances of the fact that our lives are in danger and that an enemy approaches. Behind or within the symptoms is the disease, and the discrimination I suggest enables us to call it by its name, as perhaps might have been earlier done in the supposed case of *variola*.

Doctors, who fail or refuse to discriminate, furnish sad examples of the blind leading the blind with the chance that the patient at last will come to the ditch. If this portraiture of a disease seems obscure, let me ask if a disease is anything short of a mystery?

After all the philosophizing of the schools, microscopic exploring, and handy use of the scalpel, no disease has ever been brought to the light. Nor do intelligent men ever expect it to be, except in its results, and still we talk of it, write of it, and are obliged to deal with it not as a thing, but a force.

With most careful dissecting, all we can find is its product and the route it took in its fatal course through the tissues, and by that we give a name by which to know it again. Take for illustration the disease just named. During the two weeks or more of its incubation, variola does not annoy or in any way notify its victim. The evidence of a specific disease comes to light in the fever and subsequent eruption. If a medicine or vaccination had arrested this unseen work in the incubating stage of it, there would have been a practical manipulating, as if the disease were a seen and handled entity, and no idea of it can be presented as more practical, or less mystical.

My third topic is the relation which man sustains to the world of nature about him; and enough has been said already to indicate the drift of my argument.

In every direction he finds antagonistic forms of life, subtle poisons lie everywhere in his path, and foulest miasms wait at his threshold.

It appears equally true that at one time he must have been in perfect harmony with all things which then ex-

isted, as I have attempted to show from reason and analogy. This of course is quite superfluous with those whose faith takes hold of the record, that *all* things, man included, were once pronounced "very good," but the changes which have come upon man in his natural history have introduced him to his new experience, and to contact with new and pregnant evils as the result of his disorderly life, which have been indefinitely propagated as by seeds after their kind. I have advanced the idea, that all active principles, whether good or bad, are in themselves either things of life, or become vessels like remedies to receive it, and carry it ever on from centre to circumference.

This motion from within outward, for aught I can see, must always ultimate in some kind of material form, such as we find the kingdom of nature provided with. And that every form of matter finds its prototype in the potent soul of man, seems to be a most rational conclusion.

It has been well and truly said by another, that "everything which operates essentially produces an image of itself."

It should be something more than picturesque or a love of imagery, to look out upon the forms in nature in which active principles or forces have clothed themselves.

Follow your thoughts through her kingdoms, and observe an infinitude of living forms, and possibly you behold in them all nothing but what has its analogue in man.

If we should reflect upon the poisonous plant for instance, and, mindful of the fact that in this effect there exists its cause, should enquire somewhat into the origin

of the thing, we should pronounce it the bane of man's life, and why then should it not have resulted from some force or principle alike baneful?

It is just what it seems to be, an indicator of some obliquity in prior forces, through which it came to be what it is, and but for which it never could have had its ultimate form. We infer unhealthy parentage from the sickly offspring, and if the rule holds good, whence I ask, could come the mark of mischief, but through the man himself; and if as probable through the already diseased man, may they not stand in literal truth each for the other, the disease in the man and the poison in the plant, and even a special form of disorder in man for its special counterpart in the orders of life below him.

Thus may the world of things represent in wonderful minutiae the all of man, the good and bad qualities of his mind and of his physical organism thence derived, and in a word all the diseases which infest our race.

Now if belladonna, for instance, is allowed to produce its effects on the human system, we find them to be those of a violent poison, resembling most nearly the usual symptoms of scarlatina.

We say then, briefly, that belladonna may represent, or in some way correspond with that disease. It not only symbolizes the symptoms of scarlatina, but stands as its botanic type and representative. What has been shown by its pathogenetic effects upon persons in health indicates the same distinctive quality.

Now why may it not be considered, "de facto," the material type or embodiment of that immaterial force which constitutes scarlatina either in its latent or developed condition.

If it is contended that the poison of the plant is not a positive quality, but only a relative effect, inasmuch as some animals may eat of it without suffering harm, and that others are known to thrive upon poisons as their only food, I answer as before, that it is only in relation to the human organization that we are considering its effects.

We do not expect any substance, however deleterious in its nature, to destroy any form of life to which by nature it assimilates.

The animal which is fed by belladonna is probably as poison as the herb it feeds upon. Is it argued that everything is good and useful in its place, and that we only need to learn its use to find all things in orderly relation to each other, and hence to man, when rightly considered? I suggest that the point we are discussing has special reference to man's organic life, and the uses to which injurious things may be put is quite another matter. Cases where good use is made of hurtful things are not lost sight of, and our administering poison drugs to work a cure is one of them, but they are foreign to this part of our subject, which is the status of man among other forms of life. He has changed since the first period, and *they* also have been undergoing changes, and the parallelism in their newly acquired qualities is too plain to be overlooked.

We should find the argument strengthened by inquiry into some of the facts in natural history, such as the extinction of whole species of animal and vegetable life, a work which has been going on since the remotest periods, as well as the introduction of new ones, evidently from a Law of Order which will bear closer investigation.

Should any say that discussion is vain, after a knowledge that the earth forms have been smitten with a curse under which they lie to-day, I answer, the evidence is too plain to be denied ; but whether the curse was by "dictum" or for from natural sequences, leaves room for us to differ. The chief difference it can make how we view it is that with a faith in orderly laws to encourage us, and the known operation of laws to guide us, we come into the light of a rational understanding, and the satisfaction which naturally attends it. But seeing the forlorn situation only as being under a pronounced and irrevocable curse, there seems to be no room for motives to investigate, nor power to solve the problems of forces, which should be eminently the work of our profession.

Now the casting up of my reasons and stating the sum of my thoughts introduces my fourth topic and conclusion of the whole matter, which is to find from this schedule of them a therapeutic law.

We may not expect by argument of this kind to convince any one not already persuaded of the truth of Homœopathy in some way, for to such it may be new and probably far from being conclusive, and I admit that such assumed view of man's normal condition of his relative position in the scale of being, and the nature of his diseases should not force conviction. But I hope I may have suggested in them such a possible, if not probable, ground-work for the Homoion as to challenge your further investigation.

Whatever of truth I have uttered is of course as available to our opposers, as to ourselves, if they can see how to apply it. As for myself allow me to add, that I did

not live easy an hour in the faith of our old "*Contraria Contrariis Curantur*," after the lifting of the darkening veil which revealed to my mind the sound man of the beginning, the unsound man of the present, and the man of the future, disabused of drugs and restored by the salvable power which resides in nature's beneficent laws.

"There are many," says Seneca, "who might have attained to wisdom, had they not fancied they had attained it already."

Such having been the state of health in the primitive man, and such being the nature of his disease subsequently acquired by violating its laws, and such being the relation which in either condition man holds to other forms or forces in nature, it remains to propose from these premises a therapeutic law by which avoidance of diseases, and his return to health when overtaken by them, may be most speedily and effectually accomplished.

If the position I have taken should be considered untenable, yet my object will not necessarily miscarry, and there is nothing in jeopardy but my own logic. The truth of our maxim however proven, if found practical, will avail us as aforetime.

All the truths in all the sciences are in some way linked together, and so long as the "*similimum*" embodies as we think a fundamental truth, all else of course helps to sustain it, and my effort is to illustrate its connections with what we are apt to denominate higher truth. In fact no position in science can be divested of its theistic or atheistic bearings and relations, however distasteful such allusions are to the man of mere medicine. In whatever way cardinal principles lead, in that direction follow all earnest seekers for truth.

It is so commonly supposed that the curative power resides in drugs, and it appears so difficult to dispel this fallacy of thought, I dismiss it with the single remark, that if a disease is the bane of our health by virtue of its being a poison, why are not poisoned drugs to be reckoned in the same category of enemies? That we can derive a benefit from them is admitted, just as a misfortune is often made the means of better success, or any harm done to us may subserve a greater good, but if every vile thing stands as a type of some vicious passion or principle within us, surely we cannot attribute to them a directly sanative power. And I think it would be difficult to show that the virtue or power properly called curative can reside in anything whose action upon the organism does not coincide with that of the "*vis medicatrix naturæ*," which is the acknowledged conservator of our health.

But we admit further, that whatever acts upon functional life coincident with nature's always kind work may become a means of cure, whether there resides in it a curative power "*per se*" or not. There is a power we call affinity, which seems to manifest itself everywhere, wherever are found the similar things, or forces, or states of feeling, or motives, to feel the operation of it.

Thus there are many varieties of this most wonderful adaptability and use.

That like things should feel for themselves their attraction, I think applies not less to dynamic forces than to their material ultimates. There is even something in the physician, by whatever name it may be called, adjoining itself to something of the suffering patient, for his benefit or otherwise, to which every observing practitioner can

bear witness, and of which the patient himself is sometimes pleasantly conscious. Nor does it need any further argument to show that our diseases, however defined, are in general allied to and would attach themselves to similar and destructive forces, and would in their own way assimilate with them, and furthermore in a particular manner would adjoin to their particular type in nature.

Our subject should not furnish an exception to this universal law, and if everywhere like flows to its like our problem is narrowed to this single question, what is the result of these two similar destructive forces, coming together in the organism? To determine this, let disease be as we have considered it, an entity, not cognizable except by symptoms on account of its subtlety, or a force organizing, or esconsing itself within the body.

We should say that it then by its slightest symptoms makes proclamation of its destructive work in a defiant manner.

These symptoms are the language by which we learn its drift, and it is in the school of observation that we learn how to interpret it.

Finally, as the disease works more visible results, the sufferer seeks a remedy, and nowhere among the simples can it be found. Here is room for an honest difference in judgment, and for experiment. Our heroic doctor does not hesitate, and in the interests of his patient he fights to conquer "Con. Con. Cur." But guided by the views I have presented, *we* should do no such thing. After comprehending the situation, we should bring into simultaneous action the similar forces of the disease, and those of a remedy of like pathogenesis, and what should we

expect to be the legitimate results? Why, just what common observation proves, that their disorderly elements coalesce with each other, as similar forces do. These forces in this case are a diseased condition in the body, and a corresponding form of disorderly life outside of the body. Now the magnet manifests a divergent and subtle power at both extremes, and as when we bend the bar magnet so that its opposite poles may be brought around in contact, the currents of its fluid interchange and come to a state of repose, just so may these two poles of disorderly life neutralize each other by being brought in contact, and in their rest will the symptoms of the disease cease and disappear. Have we not here a therapeutic law? What room there is for conjecture comes of the paucity of our knowledge regarding the diseases and their similars, standing ever against each other in their individual relations.

Having thus briefly, and as you perceive very superficially considered this field of thought from one of its outposts, it remains for me to pronounce this law of cure, which I think has been or may be fairly derived from the premises I have taken, the Homœopathic law, and the only suitable expression of it is in our familiar "*Similia Similibus Curantur*."

XVII.

CLINICAL REPORT.

BY SAMUEL GREGG, M. D., OF BOSTON.

TO THE COMMITTEE ON CLINICAL MEDICINE :

I do not know that I can communicate anything worthy of note, in regard to any disease that should be termed *epidemic*. I think rheumatism, diarrhoea and affections of the throat have prevailed to a greater extent, in my circle, than I have observed before. But I have not noticed anything peculiar in the character of disease, or in the requisite mode of treatment for these diseases.

In respect to the ratio of mortality to attacks of disease, I find registered the whole number of patients, of all ages, whose diseases would allow of a nosological term, for whom I have prescribed, from April 1, 1867, to April 1, 1868, to be twenty-two hundred and forty-two. Of these, seventeen have died. But I cannot designate the peculiarity of each case, or the time necessarily under treatment.

Below I have enumerated the cases of the more prominent diseases, together with those cases whose termination was fatal :

PNEUMONIA, including Pleuro-Pneumonia. Remedies—	No. OF CASES.	DEATHS.
Gelsem., Acon., Bry.,		
Tart. emet., Phos., Merc. and Sulph.		
and Cold Water embrocations. - - -	20	

	NO. OF CASES.	DEATHS.
FEVER, including Typhoid, Gastric and Catarrhal. <i>Remedies</i> —Gelsem., Bry., Baptisia, Rhus., Ign., and Nux. v. -	35	1
SCARLATINA. <i>Remedies</i> —Acon., Op., Gels., Bell., Cham., Apis., Tereb. &c.	15	2
MEASLES. <i>Remedies</i> —Gels., Hep., Bry., Puls. and Phos. - - - - -	19	
WHOOPIING COUGH. <i>Remedies</i> —Bell., Tri- fol. pratens., and Cup. ac. - - - -	35	
CROUP, AND ACUTE LARYNGITIS. <i>Reme- dies</i> —Hepar s., Brom., Acon., Bromate of Potash and Iodine. - - - - -	28	
DIPHTHERIA. <i>Remedies</i> —Gels., Phyt., Con., Biniod. merc., Apis., Iod. - -	21	2
DYSENTERY. <i>Remedies</i> —Acon., Cor.sub., Guaco, Pod., Nux v. Nux juglans, Ars., Coloc., and Colch. - - - - . -	48	
DIARRHŒA, including summer com- plaints of children, - - - - -	82	
ASTHMA. <i>Remedies</i> —Ars., Allium cepa, Lobel. and Ipec. - . - - -	20	
RHEUMATISM. <i>Remedies</i> —Acon., Bry- onia, Macrotin, Artem. arbor., Kalm. lat., Colch. and Coloc. - - - - -	34	
PHARYNGITIS, including catarrhal sore throat. <i>Remedies</i> —Gelsem., Phyt. dec., Iris., Conium m. and capsicum. - -	62	

RECAPITULATION OF DEATHS, AND AGE OF PATIENT.

Mortification of the feet ; age 84 years, - -	1
Anasarca ; age 75 years, - - - - -	1
Apoplexia, 4 hours from the attack ; age 49 years, - - - - -	1
Apoplexia, death five days after the attack ; age 40 years, - - - - -	1
Convulsions ; age 5 months, - - - - -	1
Convulsions ; age 2 years, - - - - -	1
Cholera Infantum ; age 6 months, - - - -	1
Hydrothorax ; age 6 years, - - - - -	1
Myelitis ; age 29 years, - - - - -	1
Scarlatina ; age 3 years, - - - - -	1
Scarlatina ; age 2 years, - - - - -	1
Hydrothorax ; age 58 years, - - - - -	1
Old age ; 83 years, - - - - -	1
Disease of the brain ; age 26 years, - - -	1
Diphtheria ; age 6 years, - - - - -	1
Disease of heart ; age 78 years, - - - -	1
Typhoid fever, - - - - -	1
Total, - -	17

XVIII.

EPIDEMICS AND ENDEMICS.

BY T. C. DUNCAN, M. D., OF CHICAGO.

CHICAGO.—During the past year it has been exceedingly healthy in this city. Following the cholera epidemic in '66 we had a very severe epidemic of influenza. Whether the condition of the atmosphere following the withdrawal of the cholera "germs" was such as to favor a severe epidemic of influenza I do not know, but that an unusually severe epidemic followed is a fact. The chief symptoms were fluent coryza, excessive sneezing, cough and sympathetic fever exacerbating towards evening. *Kali* was the principal remedy indicated. *Acon.*, *Merc.*, *Tart. em.*, *Hepar*, and *Nux* were also indicated.

In the early part of '67 whooping cough prevailed epidemically. *Mephitis* was chiefly indicated. Coral. rub., Dros., Bell., Ipecac, Tart. em., and Gels. proved valuable in certain cases.

In the fall of '67 we had our usual visit of influenza, but it was very mild indeed.

During the winter we have had much measles; cases usually quite mild. Small pox prevailed to an extent unknown for many years. Since from about New Years, we have had quite an epidemic of pharyngitis. At first it was looked upon as an endemic, but reports from

Maine, Wisconsin and other States convinced us otherwise. Some physicians call these cases diphtheria, but there was absent the high fever, the pseudo-membranous formation and the characteristic diphtheritic odor. The disease usually first attacked the "wings of the palate," and the inflammation extended to surrounding parts. The principal remedies indicated were *Kali bich.*, *Merc. bijod.*, *Bell.* and *Lachesis*.—*Med. Investigator*.

In what part of the country it first made its appearance, and the direction it traveled we do not know. The cause is looked upon as atmospheric; very indefinite certainly. Perhaps this is same disease as Dr. True, of Farmington, Me., (July '67) refers to. We shall see as we proceed.

BEAVER, MINN.—Dr. Weaver reports in December, '66, that an epidemic of influenza prevails to some extent
Symptoms.—Great prostration, fever, headache, pains in the limbs and bones, universal soreness, inflammation of the mucous membrane of the air passages, with soreness and dry cough, constrictive pain in the chest, hoarseness, nausea and vomiting. *Remedies*.—*Acon.* 3 to 30 for febrile condition. After that, *Ant. tart.* is all that is usually required to relieve remaining symptoms. *Bell.* for headache and muscular soreness. In *Iris ver.*, however, we find a remedy which covers more of the symptoms than any other remedy. Among the other symptoms which I obtained by a short proving of this drug, were headache, hoarseness and a husky, stuffed up feeling in the air passages, scraping cough, free discharge of nasal mucus, aching in the limbs with great prostration. Being severely afflicted with the disease, I took one drop of *Iris*, 6 cent. which was followed by immediate and marked re-

lief, (Iris, lower than the 6th has always in my hands produced uncomfortable drug symptoms).—*Med. Investigator*.

Jan. Dr. H. M. Paine, of Albany, N. Y., writes, (Feb. '67), Measles have prevailed very extensively during the past six months. I presume 5000 is a low estimate of the number of cases. It has now nearly disappeared. Scarlatina prevails to a very limited extent.—*Med. Investigator*, March.

Dr. O. W. True, of Farmington, Me., (Feb. 20, '67,) reports common catarrh or colds more prevalent since January, on account of the sudden changes in the weather. *Capsicum* $\frac{1}{10}$, has proved a good remedy with those cases presenting a bursting headache, frequent sneezing, dry coryza with plugs in the nose; uncomfortable uneasiness all over and failing appetite.

Dr. Barker reports scarlet fever prevailing in Waukegan, Illinois, March, 1867.

In May, Dr. Weaver, of Beaver, Minn., again reports pneumonia prevailing as an epidemic; *Verat. r.* answers the indications better than any other remedy—reducing the pulse in a short time, promoting expectoration and perspiration. The first dec. was used. It answered in many cases where Acon. failed. *Bry.* and *Tart. em.* were used in addition.

July, 1867, Dr. True, of Farmington, Me., reports "quite a number of cases—nearly an epidemic—of sore throats with us since March. Few cases now. They differ from cases of diphtheria principally in being less malignant or putrid, and without membranous formations. The attack is equally as severe, and rather

more sudden than diphtheria usually is with us. All the cases coming into my hands were well in three or four days under the use of Gels. 1st, and Phy. decan. 1st, if called in the commencement of the attack; otherwise a day or two longer was required. If fever and headache were the most prominent, Gels. would cure alone. If pain in the throat was more prominent, with less or but little fever, *Phytolacca* was the remedy. Diphtheria seems a more appropriate name than any other to the disease, it is so like and yet not diphtheria.

This much resembles the disease that reached Chicago, January, 1868, eight months after.

October, 1867, Dr. W. D. Foster, of Hannibal, Mo., reports an epidemic of whooping cough. It would be interesting to know if this was the same epidemic reported in the early part of 1867, in Chicago.

February, 1868, Dr. R. Arnold reports that the above disease had reached Criglers Mills (South-west Missouri.) *Drosera* he found to fill the indications.

November, 1867, Dr. M. F. Page, of Appleton, Wis., reports a number of cases of cerebro-spinal meningitis. This same disease is now (April, 1868,) reported as prevailing very severely in Central Indiana. This we presume is a relict of the severe epidemic which visited our country a few years ago, and not a specimen of the disease reported in Ireland, in 1867.

December, 1867.—An epidemic of typhoid fever is reported in Central New York.

PEKIN, ILL.—S. J. Bumstead, M. D., reports in March, "An epidemic of quinsy." We presume this is the

diphtheroid, of Farmington, Me., and the pharyngitis of Chicago. The principal remedies were Merc. protiod., Bell. and Kali bich.

LaCROSSE, WIS.—Dr. T. Putnam reports (Feb. 1868,) “An epidemic of sore throat, angina maligna, something resembling diphtheria, prevailing here. The constitutional symptoms are not so severe. *Remedies*, Kali bich., Merc. biniod., Bell. and Acon. Some cases of scarlet fever.”

FARMINGTON, ME.—Dr. O. W. True (Feb.) states that “An epidemic of canker rash prevails. Treatment, care.”

FORT WAYNE, IND.—Dr. Bowen writes (Feb. 4,) “For the last two months we have had catarrh, now we are having measles. The catarrhs have yielded promptly to Bell., Bry., Mercurius and Lachesis. All the cases of measles have been amenable to Acon., Bry., and Puls. It has, however, been pretty healthy here this winter.”

EVANSTON, ILL., March 15, 1868.—“The recent wet weather has increased the number of cases of parotitis. There is quite an epidemic of this disease. Since the above report, this disease has made its appearance in Chicago. Will some one clear up the etiology of this disease?” (I examined the secretion from a diseased parotid gland with a 600 diameter lens, and feel satisfied that the *materies morbi* is fungoid in character.)

WESTON, CT.—Diphtheria is reported (March 1) to prevail to such an extent that people fear to attend the funerals. Scarlet fever is reported at Buffalo, Feb. 1868.

Mr. Powers (*Lancet*, August 17, 1867,) reports “An epidemic of a malarial form of fever, mainly of the intermittent type, at Mauritius (a small island off the east

coast of Africa,) thousands of the inhabitants died. The cause is traced to an unusually high and prolonged temperature, with an unusually small rainfall, acting on undrained soil full of vegetable matters. (A portion of a large forest had been cleared away.) The case, Mr. Powers thinks, is almost unique of the appearance of a non-contagious fever (endemic in a large portion of the globe) for the first time, in a portion only of a small island near no extent of land, and moreover, an island exposed for seven or eight months in the year to the cool south-east trade-winds, the only other winds being as a rule the usual local land and sea breezes. Quinine was given, and out of 540 cases treated, only one died."

Typhoid fever seems to be frequently epidemic in France. A writer in the *Gazette Medicale* thinks it due to recent soil formations. For he states that out of 757 epidemics 564 occurred in districts occupying soil formed posterior to the coal period. He thinks it more apt to prevail on the recent soil of chalk and other formations than on primary soil.—*Pacific Med. & Surg. Jour.*, Jan.

The soil of Chicago, and of most of Illinois, and in fact in most of the States, is recent. But we should expect to find primary soil about Rutland, Vt., where Dr. Woodhouse reports typhoid so severe; still it may not be so. Perhaps some one present can inform us?

In June, 1867, it was reported that the true plague has made its appearance at Kerbeelah, on the river Euphrates, Asia. The symptoms reported were typhus fever, glandular swellings, carbuncles and livid spots upon the skin. The causes of the disease were presumed to be miasm, following the late floods, poverty, filth, and

the crowded state in which the people lived. The weather was also very hot.

I have not mentioned the cholera, yellow fever, or cerebro-spinal meningitis that prevailed in Ireland, for the reason that the course of the former two diseases is so well known, and the latter disease is but a severe form of cerebro-spinal meningitis. I will state, however, that one physician suggested *Secale* as the remedy for the British cerebro-spinal meningitis.

It will be observed that our country has been pretty generally visited by nearly all the epidemic diseases of the temperate health zone. Whether the cause is the condition of the atmosphere or not, we cannot say. Our impression is that the present condition of the atmosphere is very favorable to the support of the causes of any general epidemic. Our inference is that we will have cholera this year.

Having run over the epidemics and the regions they have visited, I will now notice the endemics or diseases incident to certain localities.

We will take each State separately as far as heard from, beginning with the far-famed *healthy* State of

MINNESOTA.—Dr. Weaver reports, “In regard to the climate and prevalent diseases of this State: The climate is cold, dry and clear. The atmosphere is the perfection of purity. Consumption is an unknown disease, except imported. Bilious and intermittent fevers almost unknown. We have diphtheria, rheumatic diseases and typhoid fever, but few derangements of the mucous membrane of the intestinal canal; have never seen a case of

croup. Nearly all the diseases we are blessed with, result from an exposure to cold and sudden alternatives of temperature. This is a good State for persons who seek health and appetite, but a poor one for physicians."

C. S. WEBER, of Clinton, Minn., reports, March, 1867 : "It is exceedingly *healthy* here this fall and winter. But little rain and snow, which fact, perhaps accounts for it."

In Wisconsin there are more cases of bilious and intermittent fevers. The past year has been one of unusual health. In the vicinity of LaCrosse, Dr. Putnam writes : "An unusual amount of typhoid fever prevailed, especially in the river bottoms. The type of the disease at the outset closely resembled that of remittent fever. Bry., Rhus., Ars. and Baptisia were the principal remedies. The latter remedy was very often indicated, especially in the very severe cases. In the northern portion of the state, Dr. Page, of Appleton, states that during the summer much diarrhoea and dysentery prevailed. The remedies for dysentery were Acon. and Merc. In the fall typhoid fever and cerebro-spinal meningitis were the principal diseases. Many cases of the former disease were met with among children. The nervous symptoms were very prominent. Ars. and Rhus were the indicated and valuable remedies in cerebro-spinal meningitis."

MISSOURI.—In the early months of 1867, Dr. Parsons, of St. Louis, Mo., reported, "a good deal of typhoid fever. The cases usually followed attacks of the simple fevers." Dr. Foster, of Hannibal, Mo., reported in November, 1867, "diarrhoea, dysentery, cholera morbus, intermittent fever by the hundreds, and typhoid fever as prevailing. The ordinary remedies frequently fail in dys-

entery, probably owing to the unusual prevalence of the malarial influence."

Of KANSAS, Dr. Hiatt, of Mound City, in February, 1867, stated that "there had been but little sickness during the fall and winter. Formerly pneumonia prevailed very extensively in the winter, but now there was scarcely any. The most severe afflictions were abortions." He states, "I am inclined to think them due to miasmatic influence, as nearly all have had intermittent fever during the fall."

It will be remembered that it was at Ft. Harker, Kansas, that cholera first made its appearance in 1867 in this country. Of this disease, its course, and present location, I do not propose to speak.

CALIFORNIA.—"In San Francisco, the mortality among children is very great, owing no doubt, to the rapid changes in the climate, and to their general unprotected condition. Diseases of the heart and arteries are very frequent in this State."—*Pacific Med. and Surg. Journal*.

LOUISIANA—Dr. Barnes, in the *N. O. Med. and Surgical Journal*, March, '67, states: "In the interior of La., in the most malarial regions of it, as in the Tensas swamps, there is a singular and very fatal affection which has not received a name, and which I shall describe and let others give it one. The affection is an assemblage of symptoms apparently the result of an impression on the nervous centres, and that impression a peculiar form of what occurs in a paroxysm of intermittent. It is always preceded by a common chill or paroxysm of intermittent, but finally the patient is seized with one during which the chilly sensation experienced is more protracted

and the following phenomena present themselves: From the moment the chill is ushered in bloody urine is discharged from the bladder, and if a blister is applied bloody serum collects under the raised cuticle. A very small blood-letting causes syncope, and the blood appears broken down and dissolved. These are the most remarkable phenomena in connection with the subject we are now considering, and the rest of the symptoms appear to be disorders of secretion, nutrition and assimilation, which follow and result from the primary impression. The patient rapidly becomes jaundiced, he vomits and purges a great quantity of black, tarry looking substance, which, when smeared on a sheet leaves a green stain. If he lives long enough, the blistered surface, instead of discharging bloody serum, will discharge green matter, which colors a poultice like green paint. The sufferings of the patient are terrible as long as he retains his reason, and finally delirium, coma and convulsions close the scene. Perhaps some one present may have seen such cases.

MACON and vicinity is very severely visited with malarial fever. In the Nov. ('67) number of the *Atlanta Med. and Surg. Journal* is a discussion of the physicians of Macon on the probable cause of this same visitation. Some seem inclined to the opinion that it is due to cutting away a portion of a forest, exposing the wet ground to the rays of the sun, thus increasing the amount of miasm; while others incline to the view that the remaining portion of the forest prevents the miasm from being wafted away by the breezes. As to the nature of the miasm they incline to Dr. Salisbury's experimental conclusions. The conclusion they arrived at is this, "that this same thing thus generated, whether of cryptogamous or other origin, rises

and is wafted by the breezes in a horizontal direction one or two miles, if no obstructions be met with ; however should walls or the dense foliage of a thickly set forest growth intercept, its poisonous effects are not certainly seen beyond. Continuous rains or very frequent overflows prevent the development of this poisonous production so long as they continue."

In Memphis many cases of cerebro-spinal meningitis were reported in the early months of '67.

INDIANA.—At LaPorte, April, '67, it was reported : "There had been but very little sickness during the winter, less than was ever known before."

July, G. W. Bowen reports : "Throughout the spring a great many cases of fluent catarrh, with no tendency to inflammation of the schneiderian membrane. Now the cases are principally bilious and dysenteric, otherwise it is and has been very healthy."

During Sept. he reports : "Have now considerable sickness mostly bilious, intermittent and typhoid forms."

Dr. J. J. Vinal of Plymouth, Ind., reports, Oct. : Have had more sickness this season than for five years previously. Every case I have had any knowledge of has assumed the intermittent form, dysentery not excepted."

OHIO.—Diphtheria of a typhoid character was reported, April, '67, to have broken out in the Deaf and Dumb Asylum at Columbus. The disease was provoked by a vitiated atmosphere, due to deficient ventilation.

Dr. Pulte, of Cincinnati, Sept. '67, stated : "In the early portion of the season I took particular notice of the remedies indicated to see if we would have a visitation of

cholera, I found that Ars., Carbo. veg. and Verat. were seldom necessary. The type of diseases and symptoms called for China and Phos. acid, and I prescribed them oftener than any other remedies. Then I said to myself we will not have cholera yet. The type of the diseases must change before we have any. Dysentery, diarrhoea and cholera infantum were the principal diseases. We have had a good many cases of this latter disease. If there is gastric complication, Secale has been my best remedy. If hydrocephalus supervenes, Bry. and Hell. are called for. In this disease I have often had to use China and Phos. acid. When the abdomen becomes swollen showing enlargement of the lymphatic glands, Calc. is called for. I have rubbed *cod liver oil* on the distended abdomen with decided benefit."—*Med. Investigator*.

March, '68, we have a report from this city of a number of cases of typhoid fever. They are very severe in type. *Med. Investigator*.

DISTRICT OF COLUMBIA.—Typhoid fever in a severe form was reported June, '67, as prevailing in Washington. The number June 18, was increasing from twenty to forty, daily.—*Med. Investigator*.

PENNSYLVANIA.—“Typhoid fever is more constant and regular than any other disease in the city of Pittsburg. It is second to phthisis in the number of its victims. It begins in July and ends about Jan. or Feb., depending upon the weather. Cold, freezing weather soon stops it, but if variable, mild and damp it is prolonged. In mild winters it remains till the opening of spring. Persons once recovering appear to enjoy an immunity from it afterwards. (Here is a fact worthy of attention and investigation.) It

appears to result from decomposing animal and vegetable matters, to be more prevalent when the river water is drank, and to increase with the drainage from towns, the impurities emptied into the river near its source. The average temperature of the locality during '66 was 52°, extremes 9° to 88°—*Nashville Med. and Surg. Journal*.

PHILADELPHIA.—The *University Journal of Med. and Surg.* reports, in Sept. that the city of Philadelphia was never in a more healthy condition than at present. The only acute diseases are those which ordinarily prevail at this season of the year, typhoid fever and dysentery being the principal ones."

A correspondent of the *Buffalo Med. and Surg. Journal*, writing from Philadelphia in reference to the difference in healthfulness between that locality and Boston, states "that while Philadelphia is a better climate for lung and throat diseases, it is not so favorable to diseases operating upon the apparatus of digestion. With Boston it is *vice versa*." How is this; have you more cases of diseases of the respiratory than of the digestive apparatus in Boston?

NEW YORK.—Dysentery and typhoid fever are diseases which seem to be endemic to the central portion of the State of New York. Dr. I. S. P. Lord, of Poughkeepsie, N. Y., states: "that the type of diseases is much more mild in this State than in Ill. He can use the high attenuations oftener and with better success."

VERMONT.—Dr. C. Woodhouse, of Rutland, states: "during the fall and winter months we have had diarrhœa, dysentery, typhoid fever, bilious fever, diphtheria, pneumonia, pleurisy and influenza. I have observed a marked

difference between typhoid and bilious fevers as they prevail here, and as I was wont to meet them in Northern Illinois. Here typhoid fever is much more severe, while bilious fever is much milder."—*Med. Investigator*.

MAINE.—W. Gallupe, M. D., of Bangor, Feb. '67, writes: "We have had very healthy time in this city during the fall and winter months."

Dr. O. W. True, of Farmington, Dec., reports: "It has been a healthy season with us, only a few cases of typhoid fever and typhoid dysentery in some of the adjoining towns." Jan. 15 he reports: "but little sickness. A few cases of sore throat came under my care. Bell and Gels. controlled them kindly. A few cases of typhoid fever still reported under old school treatment. It has been my good fortune to ward off the fever in those coming under my care." Feb. 15, reports: "a few cases of pleurisy and pneumonia, and more cases of colds and sore throats, without membranous formations, with threatenings of diphtheria. No rain this winter and but little snow, no thawing days till the above date. Cases mild."

After this cursory glance at the endemics of the different States, we now come back to Illinois. The diseases endemic to the State are remittent, intermittent and typhoid fevers and dysentery.

Our report from this state will come principally from our own city.

CHICAGO.—After the disappearance of cholera in this city, about the middle of October, 1866, the principal diseases that prevailed, for some time, were dysentery, typhlo-enteritis, and typhoid fever.

Dysentery presented no unusual symptoms, excepting nausea, which was controlled by *Ipecac.* The other remedies used were *Merc., Nitric. acid, Pod., Coloc.* and *Elat.* If the tenesmus was very low down, *Aloes.*

Typhlo-enteritis was often met with. Its prominent symptoms were bilious diarrhoea, sometimes vomiting and great pain in the region of the cæcum. The remedies most efficient were *Merc., Phos. acid. Coloc., Ars.* and *Nux.*

Typhoid fever was rather more severe than usual.

The abdominal symptoms were very severe; hæmorrhage was not unfrequently present. The cerebral symptoms were especially severe, in some cases simulating cerebro-spinal meningitis. In one severe case, pneumonic symptoms set in and when these subsided, meningeal symptoms supervened, carrying off the patient.

The principal remedies indicated were *Rhus, Phos. acid, Ars., Merc., Nitric. acid, Bry., Bell.* and *Hys.*

An unusual number of cases of threatened abortion, miscarriage and menstrual irregularities have occurred since the epidemic.

During Dec. '66 the principal diseases were colds, or the effects of taking cold, as catarrh, bronchitis, diarrhoea, pneumonia, rheumatism and neuralgia. Facial neuralgia has been frequently met with. These diseases were amenable to the usual remedies.

The month of Jan. '67 was one of unusual health for this city.

The principal diseases were :

Pneumonia.—The number of cases of this disease have been unusually small. The symptoms were not quite so

severe as usual. The remedies *Acon.*, *Bry.*, *Phos.*, *Tart.* and *Ars.* have been found sufficient to meet the indications.

Bronchitis.—Many cases have occurred. In some the capillaries were so affected that the disease might, with propriety, be called bronchial-pneumonia.

The remedies indicated were *Merc.*, *Kali bich.*, *Tart.*, *Phos.*, *Acon.*, *Ars.*, *Atropine* and *Apis*. *Conium* was at times indicated.

Diphtheria.—A number of cases have been encountered. Nothing unusual in its type. The remedies principally used were *Merc. jod.* or *bijod.*, *Kali bich.*, *Bell.* and *Camphor*. This last remedy, we believe, is not often consulted in this disease. It has been found efficient in meeting some of the indications.

Erysipelas.—A number of cases of facial erysipelas have been met with, locating itself principally upon the forehead, just above the superciliary ridges, and extending up to the roots of the hair. The subjects were middle aged men. There was usually a good deal of gastric irritation.

Rhus was the sheet anchor. Sometimes *Bell.* was indicated. For the gastric symptoms, *Ars.* and *Merc.*

Influenza.—Many cases of this disease still prevail.

Laryngitis.—A few cases. The subjects were adults.

The chief remedy was *Merc. jod.*; *Acon.* and *Bell.* were indicated in the early stage of the disease.

Typhoid Fever.—A few cases of this disease are still present.

Spasmodic cough.—A few cases of spasmodic cough, resembling whooping cough, with rattling of mucus in the bronchial tubes, have been met with.

The remedies efficient were *Senega*, *Sanguinaria* and *Tart. emetic*.

Tonsillitis.—A few cases. The remedies were *Bell.* and *Merc. bijod.*

Aphæ.—A good many cases of follicular ulcerations of the mouth and throat are still met with.

In some cases the fauces, and in fact the whole pharynx looks like a piece of raw beef or unhealthy granulations. Occasionally, true diphtheritic exudation appears.

The principal remedy is *Merc. bijod.* *Muriate of Hydrastin* has cured some cases nicely.

During February, 1867, the principal diseases encountered were :

Croup.—There has been quite a number of cases of spasmodic croup. The remedies principally indicated were, *Acon.*, *Spongia*, *Hepar.* and *Kali bich.*

Diphtheria.—A good many cases of this disease. The appearance of an eruption was often a prominent symptom. Several of the children of a family might have diphtheria in its usual form, then one or two would have the eruptions, in addition. The remedies chiefly used were *Bell.*, *Merc. proto.* or *bijod.*, *Nitric. acid.*, and sometimes *Rhus*.

Dysentery.—Some severe cases of this disease have been met with. A distressing symptom, "feeling sore

all over," cannot lie still, tossing about; was met with *Sulph.*³⁰. In some cases there was a very large amount of mucus discharged (intestinal catarrh); here *Merc. cor.* was the remedy. In cases of light, bloody stools, *Mill.* met the indications; if the blood was dark, *Ham.* In some cases *Æsculus* was a valuable remedy.

Pleurisy has often been encountered. The remedies were *Acon.* or *Bell.* for the fever, *Bry.* for the pain; if very severe, with soreness of rest of body, *Arn.*; if attended with much bronchitis, *Tart.*

Spinal Irritation.—A disease that is becoming quite common. There is tenderness along the whole spinal column. In some cases there is anæsthesia of the inferior extremities; sometimes, paraplegia. They do not yield readily to remedies. *Atropine* is the most efficient remedy.

Basilar Meningitis.—A few cases. No one remedy has been of such value in this disease as *Glonoine*.

During March, 1867, the diseases have taken on more of the autumnal form than is usual. In addition to the diseases above, there have been present the following:

Typhoid Fever.—Quite a notable increase. Some of the cases take on a bilious type. *Ars.*, *Bry.*, *Rhus*, *Bell.*, *Carbo. veg.*, *Nux* and *Merc.* were the principal remedies used.

Intermittent Fever.—A few cases. Nothing unusual in the type.

Laryngitis.—A great number of cases; almost an endemic. The cough was at times very croupal. If the cough was very croupal, spasmodic, *Conium* or the *Bromide of Potassium* were the best remedies.

Bilious Fever.—A number of these cases have occurred within the last few days. *Acon.*, *Merc.*, *Ars.*, *Iris* and *Nux* were the principal remedies required.

Neuralgia.—A number of cases of facial neuralgia, the subjects principally women. *Bell.* is the principal remedy; sometimes *Iris*.

Metrorrhagia.—Quite a large number of these cases have occurred, and some of them exceedingly difficult to control. The remedies used were *Ipecac*, *Cinn.*, *Nitric acid.*, *Erechthites*, *Ars.*, etc.

During April, in addition to the above, *Phthisis*, acute,—quite a number, more than usual for this city. It seems to defy all remedies.

Some cases of *Hydrophobia* were reported.

July 1st we have the following record:

Laryngitis, acute.—More cases than usual. The principal remedies used were *Bell.* and *Baryta Carb.*

Intermittent Fever.—A number of cases; some taking on the congestive type. The surface is warm to the touch, while the patients complain of a feeling as if “ice was near the bones.” *Ars.* controls these cases nicely.

Erysipelas, facial.—Quite a number of cases, the exciting causes being traumatic, nervous excitement, and nervous prostration. In one case the superficial integuments, to which the second branch of the fifth pair of nerves is distributed, was the seat of disease. In another, those connected with the mental branch of the third division of this nerve were alone effected.

A second attack, in two cases, chose the opposite side

of the face corresponding to its previous seat — one over the infra-orbital foramen, the other over the mental.

What is the cause of this disease? Will not some enterprising microscopist turn his attention to erysipelas, and endeavor to discover the *materies morbi*?

The remedies used were *Rhus*, *Bell.*, *Hepar*, and *Calc.*

During July the diseases peculiar to this season begin to present themselves.

Cholera Infantum.—A few cases.

Diarrhoea.—Quite a number of cases, but they seem to be inclined to run into

Dysentery.—Or become of a dysenteric character. True cases of the latter disease are very frequent, but mild, and easily controlled by remedies. *Merc.* is the principal remedy indicated.

CHICAGO.—For this season of the year (August) the city is exceedingly healthy.

Sun Stroke—*Coup de Soleil*.—Few cases have occurred. None of our physicians were called. Will not some one give us “more light” on this singular malady?

Diarrhoea.—Many cases, especially among children. Teething, lack of proper food, and uncleanness, seem to be the principal causes. In adults the diarrhoea takes on a bilious character, and is attended with a good deal of griping pain. The principal remedies indicated are *Merc.*, *Colocynth*, *Pod.*, *China*, *Phos. acid.*, *Ars.* and *Cham.*

Dysentery.—Many severe cases. In some the discharges are bloody from the first. If called soon, a single prescription of *Merc. cor.* is often sufficient; if later, more time is necessary. The principal remedies are *Merc.*, *Æsculus*, *Coloc.*, etc.

Cases of Dysenteric Diarrhœa are very common. *Æsculus* has proved itself of value here.

Cholera Infantum.—Still many cases of this disease, although many children have been sent into the suburbs or country towns. The usual remedies are employed.

Typhoid Fever.—A few cases assumed this type, but were very mild.

During September, the principal diseases were dysentery, diarrhœa, typhoid fever and cholera infantum. They were mild and amenable to the usual remedies. Less south and south-west wind prevailed, which fact accounted, no doubt, for the extreme healthfulness of the city at that season of the year; perhaps the efficacy of our Board of Health had also something to do with it.

Early in October, the principal diseases were diarrhœa and cholera infantum — relicts of the summer diseases — dysentery and typhoid fever, complicated with meningeal symptoms, calling for *Rhus*, *Bell.* and *Bry.* Typhus fever,—a few imported cases occurred among emigrants.

During a portion of the month of November, 1867, there was an unusual amount of warm weather and winds from the south; consequently cholera infantum, typhoid fever, bilious fever, dysentery and cholera morbus, have been on the increase. The remainder of the month was cold; this cause diminished the above diseases, but increased rheumatic and neuralgic affections.

During December, a few cases of typhoid fever occurred. Pneumonia, bronchitis, neuralgia and rheumatism principally prevailed.

The same report is presented in January, with the ex-

ception of more cold and catarrh. Acon. was the principal remedy.—*Medical Investigator*.

It would seem from the above report that the principal endemic diseases of the United States are intermittent, remittent and typhoid fevers, and dysentery. Of the first two, the causes are proved pretty conclusively to be miasmatic, and cryptogamic. The inference of the French physician, that typhoid fever is due to *recent* soil influence, is worthy of attention. If such prove to be a fact, we may then soon be able to say why it is due to *recent* soil formations. The cause of dysentery, like that of erysipelas, is still involved in mysticism.

Dr. Paynter, (British Army Med. Reports), mentions an endemic disease occurring in a locality 100 miles in the desert from the coast of the Mediterranean Sea. The disease commences with an itching sensation, long before any appearance is appreciable on the skin. After a time a small tubercle is perceived about the size of a very small pea, located superficially in the skin and subcutaneous tissue, remaining stationary for days, or even weeks, and causing little inconvenience. At length it enlarges, the epidermis scales off, and shortly a small ulcer appears, which discharges a sero-purulent fluid. In its chronic stage it presents the appearance of a small superficial anthrax, one to three inches in diameter. When pressed a thick purulent secretion oozes out through several openings. With the exception of being inconvenient, disagreeable and unsightly, it does not appear to give pain or cause constitutional disturbance. This eruption appears mostly on the legs, fore-arms, dorsum of the feet, back of the hands, on the nose, cheeks and ears. These tubercles number from one to a dozen. This disease attacks

its victims during the months of Sept., Oct. and Nov., at the close of the great heats of summer, and lasts four to eight months, often for a year, or even longer. It attacks all classes, ages and sexes. Relapses are often met with. The cause of the disease is unknown. It is not contagious. It is called Brisk-button. It also attack horses." *Med. Gazette.*

BARBADOES.—The temperature varies not much from 80° during the year. "Barbadoes leg" is as common as ever, and is met with among all classes, principally among the poor. Other affections of the skin, as ulcer and syphilis, are quite common. The *chigoe*, or chigger, is found very plenty in the feet of the negroes. Yellow fever seldom occurs, and intermittent very rarely. Formerly a low typhoid fever prevailed, with hemorrhage from the bowels, and an affection of Peyer's patches; but of late years this is less frequent. Bronchitis is quite common. Chronic rheumatism is quite common, but the acute is rare. The wife of a prominent merchant had been suffering from this last for several weeks, *and under homœopathic treatment. With one unimportant exception her physician is the only representative of this form of quackery; but his practice, I was told, is quite extensive.* Dysentery is not by any means common, neither is there much diarrhoea, cholera infantum, nor hepatic affections, which last we usually associate with the Tropics. Phthisis is often encountered, and patients that come to this island with this disease experience no marked benefit. Bright's disease is sufficiently common, and renal calculi are often passed in the urine; but calculi in the bladder are not met with, though there is a limestone formation. Lastly, uterine diseases and derangements in the form of polypi,

fibroid tumors, leucorrhœa and menorrhagia, are common enough.—*Boston Medical and Surgical Journal*.

The *Western Journal of Medicine*, over the signature of L. D. W., states: "The influence of temperature, moisture, etc., is scarcely beginning to be understood. When on duty at the General Field Hospital, near Corinth, Miss., in June and July, very hot, dry months in 1862, where were collected nearly 15,000 patients, almost all of whom were sick with scorbutic fever and diarrhœa, the mortality gradually increased with the continuance of the hot, dry weather, from an occasional death up to eight a day; and upon the falling of a cool shower of rain, ceased entirely for a day or two, then gradually increased again to eight a day, and another shower occurring, a day or two elapsed without a death. A suggestive fact, but not yet satisfactorily explained. Meteorology must go hand in hand with pathology until these dark places are radiant.

The *Eclectic Medical Journal* for April remarks: "The year 1867 was remarkable for its healthfulness and the mild character of its diseases. With the exception of typhoid fever, which prevailed in some sections, the diseases were of short duration. It has therefore been an easy year with physicians, and though the receipts have been shortened it has afforded *rest* and time for review and study."

All the conditions that pave the way for an attack of either an epidemic or endemic disease are worthy of careful consideration and investigation. One fact seems evident, that we can almost predict the diseases we will have to treat by the remedies indicated.

For the majority of the above report, it will be observed, I am indebted to correspondents to the *Medical Investigator*. It would be of great value to the profession if we had published local reports from all parts of the country.

PUBLICATIONS
OF THE
MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.
1868-69.

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PROCEEDINGS
OF THE
SEMI-ANNUAL MEETING, 1868.

MORNING SESSION.

The semi-annual meeting of the Society was held in Meionian Hall, on Wednesday, Oct. 14th. Between seventy and eighty members were in attendance during the session. At 10½ A. M. the meeting was called to order by the President, H. L. CHASE, M. D., of Cambridge.

The records of the last meeting of the Society and of the Executive Committee were read by the Secretary, L. MACFARLAND, M. D., of Boston, and were approved.

The President made a brief address. He said he was pleased to see so large an attendance of the members of the Society, and congratulated them upon the continued increase of their numbers, and the rapid extension of homœopathic practice throughout the country. He urged upon the members extra zeal and effort for the propagation of the principles of their practice; and said that with fifty-four practitioners of this school in Boston alone, the medical college, for which a charter had been ob-

tained, ought to be put into immediate and successful operation in the metropolis of New England.

The following gentlemen were balloted for, and unanimously elected members of the Society:—

M. V. B. MORSE, M. D.	Marblehead.
GEO. W. GUNTER, M. D.	Natick.
ALONZO BOOTHBY, M. D.	Boston.

Reports followed from the Corresponding Secretary, Treasurer, Librarian, Committees on Library, and Publication.

The Committee on Materia Medica, through Dr. CONRAD WESSELHÆFT, presented the following report:

“Two provings were received, in accordance with the circulars announcing a prize to be awarded for the best proving of *dioscorea villosa* and bromide of ammonia. The former fills a manuscript of eighty-four pages; the latter is less voluminous, occupying about eighteen pages. These provings comprise the history of each observation, giving the pathogenesis in the natural consecutive order of the symptoms; secondly, the symptoms are arranged according to the anatomical sections of the body, in the usual manner; and thirdly, a number of clinical cases, illustrating the effect of the proved remedies upon the sick. Concerning the general arrangement and labor which must have been devoted to these provings, your committee are glad to express their admiration, and consider the authors entitled to the thanks and praise of this society; but at the same time your committee regret that these provings do not come fully up to the requirements and conditions entitling them to the name of prize essays or provings, since but *one person* appears as prover in each

of them, it having been distinctly announced that at least five provers were required for each. Your committee would furthermore suggest that the final arrangement or *resumé* of the symptoms is not so perfect as the volume of symptoms would warrant, or to insure sufficient practical value of the proving; furthermore, it appears desirable that the author should have added to his own experience that of others scattered throughout our literature, especially regarding the *Dioscorea*, of which there is a proving in Dr. Hale's "New Remedies," containing probably all that was previously known. (ART. XIX, XX.)

In consideration of these conditions, your committee have not opened the envelopes containing the name of the author; at the same time they do not wish to be understood as placing a low estimate on these productions, which it is hoped will soon be perfected by their author, and published in the annals of this society as among the foremost and best that have ever been presented."

Dr. C. WESSELHÆFT read a paper on *Iris versicolor*, which was accepted and referred to the Committee on Publication, with the recommendation that it be published in the *New England Medical Gazette*. (ART. XXI.)

Dr. JAS. HEDENBERG, of Medford, Committee on Clinical Medicine, presented a very interesting report, in which he had collated the clinical experiences and observations received from nine different members. He regretted that more interest had not been exhibited in this department, which could and ought to be made of great value to the profession. His report was accepted, and referred to the Committee on Publication. (ART. XXII.)

Dr. I. T. TALBOT, Committee on Surgery, presented an

abstract of a paper on the progress and present condition of surgery, which he said had made equal progress with medicine since the advent of Homœopathy. Conservative or preservative surgery is now the aim of surgeons. Under the influence of ether, whose anaesthetic influence was discovered in our own city, and thence has extended over the whole civilized world, severe and difficult operations are now successfully performed which without it would not be attempted. The object of the surgeon now is to operate *well*, not *quickly*, and long and tedious dissections can be made among important blood-vessels and nerves, such as are required in the removal of the parotid and submaxillary glands, etc., etc.

The treatment of wounds has improved greatly, and the dressing with cold water and the use of arnica, calendula and hamamelis, together with proper internal medicines, gives to the homœopathic physician great aid in surgery. He referred to certain specific remedies applicable under the law of similia, such as phyt., sil., hepar, lach. and sulph. Carbolic acid, a comparatively new agent, is of great value as a disinfectant and deodorizer. It is also a most valuable escharotic, especially in diseases of the mucous surfaces. Sayre's splints are a great improvement in the treatment of hip disease, by means of which the patient is allowed freedom of motion, air and exercise, instead of confinement, loss of general health, and, as the best result gained, an anchylosed joint. Loomis' ovum and bullet forceps were exhibited and explained.

Diagrams of improved methods of operating in *fistula* were exhibited, and the causes of the frequent failure of treatment by the knife commented upon. He concluded

with the hope that this society would contribute its share to the improvement of the science and practice of surgery.

It was voted that the entire report be accepted and referred to the Committee on Publication.

Dr. J. H. WOODBURY, of Boston, Committee on Obstetrics, was unable to be present, but requested the Secretary to read a report received from E. W. Sanford, M. D., of Brookline, of a case of labor in which the vagina ruptured and the foetus escaped into the cavity of the abdomen. (ART. XXIII.)

Dr. A. J. BELLOWS, of Boston, presented a voluminous paper on "The Application of Food to the Prevention and Cure of Chronic Diseases."

Pending the reading of this paper, the Society adjourned to partake of a collation furnished by the Boston members.

AFTERNOON SESSION.

The Society re-assembled at 1½ P. M.

Dr. BELLOWS resumed the reading of his paper, when, on motion of Dr. Krebs, it was voted that the further reading of the same be discontinued.

The case of Dr. Luther M. Lee was referred back to the Executive Committee.

Delegates from other State societies were welcomed, and invited to participate in the discussions of the Society.

Dr. SPARHAWK, of the Vermont Homœopathic Society, addressed the Convention briefly on the condition of

homœopathy in his State, which he represented as steadily increasing in popular favor. The State Society has increased in fourteen years from twenty to sixty-four members, who consider themselves pure homœopathsists. The meetings are fully attended and interesting.

Dr. MORRILL, of Concord, N. H., President of the New Hampshire Homœopathic Society, said that homœopathy was maintaining its favorable position in the Granite State, and the meetings of the Society were increasing in interest.

Dr. DAVID THAYER, of Boston, who was a delegate from the Massachusetts Society to the American Institute of Homœopathy which convened at St. Louis in June last, made a brief but highly interesting report of his visit, and the progress of homœopathy throughout the West. The meeting of the Institute, he said, was very harmonious and enthusiastic, and much larger than usual. The practice of homœopathy in that section of the country was largely on the increase, and its efficacy became more and more apparent. He had assured the convention there that their next annual meeting in June, 1869, which was to be held in Boston, would be one of unusual interest, and he had promised them a cordial New England welcome.

On motion of Dr. I. T. TALBOT, of Boston, the Code of Medical Ethics, adopted by the American Institute of Homœopathy at St. Louis, was unanimously adopted by the Massachusetts Society.

Before the regular topics assigned for discussion were taken up, Dr. DAVID THAYER, of Boston, spoke briefly of the beneficial effects he had found to arise from the outward application of rubber cloths in rheumatic affections.

Drs. JONES and RUSSELL remarked that they had used the same application with advantage.

Dr. WESSELHOEFT inquired if the effect was not due to the presence of sulphur in its composition.

EPILEPSY.

The subject of Epilepsy—its cause and cure—was then taken up for discussion.

Dr. F. H. KREBS, of Boston, spoke at considerable length on the subject. He had, at different periods of his practice, had patients with this popularly considered incurable disease, and had in two instances, he believed, effected a permanent cure. One, the case of a young woman, he had treated with Belladonna 200. The other, a man of twenty-seven years, he had treated with Sulphur 200, giving of each remedy three powders. These cases occurred some three or four years since, and as yet there has been no recurrence of the convulsions.

Dr. GREGG, of Boston, had administered Bromide of potassium, and by this means had succeeded in preventing a recurrence of the attacks oftener than once in four or six months, while before administering this remedy the patients were accustomed to be attacked as often as once in two months.

Drs. FRENCH, of Lawrence, PEARCE, of Charlestown, and PEASE, of Boston, had used the same remedy prescribed by Dr. Gregg, and with the same result.

Dr. SCALES, of Newton, had given Belladonna in a case under his care with apparent good effect, for the patient had no recurrence of the attack for one year. At the end of that time another attack was experienced, Bell. was again ad-

ministered, but this time with less satisfaction, as a third spasm occurred four weeks after.

Dr. PACKARD, of South Boston, said he had never attempted to cure a case of epilepsy, as he entertained serious doubt of the possibility of such an achievement; but he was in the habit of administering ether to his patients at the time of the attack, which usually had the effect to relieve them promptly.

Dr. RUSSELL, of Boston, had found Belladonna 30 an efficient remedy in many cases; also Hyosciamus 30. Dr. KNIGHT, of Marlboro', said that on one occasion, while administering ether to a patient, subject to epilepsy, whose arm he was about to amputate, a violent epileptic convulsion occurred.

Dr. SPALDING, of Hingham, reported a case characterized by soreness of the head, which he thought he had cured with Sepia 3.

Dr. CHAMBERLAIN, of Worcester, thought that many of the cases of epilepsy resulted from onanism. He had treated one or two cases, in which he had given Belladonna with good effect.

Dr. TALBOT, of Boston, had a case under his care several years ago, occasioned, he thought, by the habit mentioned by Dr. Chamberlain. He gave Thuja 1, with success. Another case, in which enuresis was a prominent symptom, was relieved by Cantharis, while Belladonna and Sulphur were applicable in the more common cases.

Dr. MORSE, of Salem, had a patient, a married man, afflicted with epilepsy, which he thought was caused by excessive coition. The man entered the army and was absent from home a year, when he returned completely cured.

Dr. HAYWARD, of Taunton, gave Sulphur 200 to a patient under his care, and he had no return of the attack for nine months.

Dr. BARROWS, of Taunton, reported a case for which he thought Belladonna and Sulphur were indicated. He administered first Bell. 200, then Sulph. 200, by olfaction, during an attack, with marked relief. These remedies always controlled the convulsions. Another case, which developed during an attack of typhoid fever, was greatly benefited by Belladonna 400.

Dr. WOODVINE, of Boston, spoke of parasites in the small intestines as a cause of epilepsy.

Dr. HEDENBERG, of Medford, remarked upon the hereditary disposition to epilepsy, and related illustrative cases. The only case he had known to get well was that of a young lady who was suspected of indulgence in vicious habits. She was kept under strict surveillance, and the attacks ceased.

Dr. JONES, of Taunton, had witnessed good effects from Cuprum and from Belladonna.

Dr. BROOKS, of Clinton, said he had treated a good many cases, but was not aware that he had ever cured one. He had given Bromide of Potassa with marked benefit.

CHOREA.

The subject of chorea was next taken up, and Dr. A. J. FRENCH, of Lawrence, was invited to open the discussion. He said that he had treated many cases, and with varying results. Some of his cases had resisted

all the remedies used, while others had promptly yielded to Nux v.

Dr. KNIGHT, of Marlboro', had given Ignatia with good effect.

Dr. PACKARD, of South Boston, has cured a great many cases with Cimicifuga, 1st dec. dil.

Dr. GREGG, of Boston, was in the habit of giving Stramonium and Cuprum acet. in the 3d potencies, and had seen thirty or forty cases recover under the use of these remedies.

Dr. MORSE, of Salem, thought that Nux. v. was the most generally indicated and successful remedy in this infirmity. He had cured many cases with a single dose of this drug. The indication for Nux. was twitching of the jaws and the upper extremities. Hyosciamus next to Nux was the most useful remedy.

Dr. PEARCE, of Charlestown, had under his care a boy of very studious habits and rapid growth, who at the age of fourteen years began to show signs of chorea. The symptoms rapidly increased, and a complete and violent chorea resulted. Various remedies were administered, with but temporary and partial relief. At length he was sent into the country and put at work upon a farm, without medicine. In three months he returned to the city greatly improved. Another case, in which pin worms were thought to be the cause, was cured by Santonine.

Dr. SCALES, of Woburn, had treated the disease with a variety of remedies, and with different results. He had latterly used Cimicifuga with tolerable satisfaction.

Dr. JONES, of Taunton, said that he had found Ignatia an effectual prescription in cases in which the left side was principally affected.

The last of the subjects proposed for discussion at this session was—"In what disorders met with in every-day practice is *Sulphur* indicated and curative." Owing to the lateness of the hour at which this was reached, the discussion of it was quite brief.

Dr. KREBS remarked that he thought Sulphur more frequently indicated and curative in chronic maladies than in "disorders met with in every-day practice." In otorrhœa he had found it an invaluable remedy, used in the 200th potency. In hæmorrhoidal affections it had done excellent service, and in chronic constipation was usually effectual when employed in the potency above named.

No other member spoke upon this question, and on motion the meeting adjourned.

L. MACFARLAND, *Recording Secretary.*

XIX.

PROVING OF DIOSCOREIN.

BY A. M. CUSHING, M. D., LYNN, MASS.

Male, 38 years, nervo-lymphatic, dark brown hair, grey eyes bordering on blue, complexion medium. I use neither tea, coffee, tobacco, nor liquor; am well and happy. Three years since, I had a severe attack of hemorrhoids, which left one tumor on the right side of rectum, that always protrudes at stool, and has to be replaced and is quite troublesome. This tumor slowly but wholly disappeared during the proving. I am also inclined to have little pimples, with dark heads, over the face; these also nearly all disappeared during the proving. The preparations used were the three triturations, each triturated with pure sugar of milk, one hour. All the preparations were made on the decimal scale. The fourth was made with distilled water; the fifth with equal parts of distilled water and alcohol; the others with pure alcohol. The largest doses were made one-half pure water, to avoid the stimulating effects of the alcohol.

1867, November 11.—While making first trituration, irritation of nasal passages and sneezing; then irritation of fauces, and hacking cough; later, violent itching of

both eyes ; then smarting of eyes, right eye worse. At 9 P. M. took 5 grains 1st decimal.

November 12.—At 7:30 A. M. took 5 grains ; stool darker than usual. At 5 P. M. took 5 grains ; at 8 P. M. took 5 grains ; at 10 P. M. took 5 grains.

November 13.—At 6 A. M. awoke with sweetish taste in mouth, uneasy feeling in epigastrium, and dull pain on both sides of right leg, below the knee. At 7:30 A. M. took 5 grains, followed by burning in left tonsil and left side of throat. At 11 A. M. burning, then itching of left tonsil ; at 12 M. took 5 grains ; at 2 P. M. took 5 grains ; at 7 P. M. took 5 grains, burning of fauces ; at 9 P. M. sharp, but not very severe pain between epigastric and umbilical regions, relieved by standing erect ; at 9:30 P. M. dull, stupefying pain in temporal region, both sides ; at 10 P. M. took 5 grains, followed by smarting of fauces, and dull, dizzy feeling of head.

November 14,—Dark stool. At 7 A. M. took 5 grains ; at 11 A. M. weakness of right knee ; at 2 P. M. pulling pain in front of both ears, as precedes vomiting ; at 4 P. M. weakness of right knee ; at 6 P. M. weakness of right knee, tongue sore on side, near last molar tooth, making talking difficult ; at 10 P. M. took 10 grains. After taking medicine, discharge of water from left nostril and smarting of fauces, chilly over left scapula, smarting of internal angle of both eyes, right one worse ; itching of internal ears ; ears feel stopped up ; violent itching of left ankle on front side while walking.

November 15.—At 6:30 A. M. took 10 grains ; at 6:45 sharp pain in left hypochondrium ; at 7:30 A. M. chills on back, commencing over left scapula ; at 3 P. M. took 10

grains. During the evening irritation of fauces, with inclination to cough; knees felt weak. At 10 P. M. took 10 grains.

November 16.—At 6 A. M. left knee weak; at 7:30 A. M. took 20 grains, followed by pain in front teeth, and burning of mouth and fauces; at 10:30 A. M. pain in middle of left fore-arm, between ulna and radius; at 12 M. twisting pain at epigastrium; at 2 P. M. dull, confused feeling in head during stool; at 10 P. M. sharp pain of short duration darting through the liver; at 10:30 P. M. took 20 grains of second trituration.

November 17.—At 9 A. M. took 20 grains; at 10 A. M. pain in right lung, opposite or at the side of the nipple, very sharp, relieved by pressure; at 5 P. M. pain in right knee, at the head of the tibia, relieved by motion; weakness of right knee aggravated by walking; continued walking cured it. At 5 P. M. violent itching of the left ankle when walking; sharp pain in epigastrium, relieved by eating; sharp pain in both temples, not aggravated or relieved by riding, walking, or shaking the head. At 9:15 P. M. took 40 grains; at 9:30 P. M. sharp pain in left hypochondrium, at angle of ribs; at 10 P. M. sharp pain in epigastrium.

November 18.—At 6 A. M. sharp pain in epigastrium. At 7 A. M. took 40 grains. At 7:30 A. M. sharp pain in left temple, with nausea and chills, beginning on back, worse over left scapula; during forenoon pain at epigastrium. At 11:30 A. M. sharp pain through right lung, at the side of the nipple. At 12 M. took 20 grains. At 12:30 dull pain in left shoulder; afternoon left knee weak. At 5 P. M. sharp pain in lower portion of right lung.

commencing in the back and darting through to the front, At 8 P. M. took 20 grains. At 10 P. M. took 40 grains 3d attenuation. At 10:30 P. M. sharp pain at epigastrium.

November 19.—At 2:30 A. M. sharp pain at epigastrium, extending to left hypochondrium, lasting one hour. At 3 A. M. faint feeling, came near syncope; aching pain in right lung. At 2 P. M. took 40 grains; dull, drawing pain in right leg, from hip to knee on inner and back side. At 5 A. M. pressing pain in left hypochondrium; violent itching of right ankle on front side, extending over the joint while walking. At 8 P. M. took 40 grains.

November 20.—7:30 A. M. took 40 grains. At 11:30 A. M. sharp pain in left lung, outside and parallel with the nipple. At 2 P. M. took 40 grains. At 3 P. M. sharp pain in left lung, in region of nipple. At 5 P. M. sharp, sore pain in epigastrium. At 6 P. M. numbness of left hand and arm to the elbow, as if asleep, continuing several minutes, worse at the little finger. At 7 P. M. tearing pain through the scapula and lung; irritation of larynx and inclination to cough; hard pain at epigastrium; pain in the right knee at head of tibia; deep cough; dull pain in head, seems to be deep in center of head; during afternoon dull, lame pain in lumbar region, extending down the hips to the legs. At 8:45 P. M. sharp, severe pain in left cheek or lower portion of temporal region, followed by dry cough; dull pain in right leg, whole length on back side, worse at buttock and heel; sharp pain at epigastrium; severe pain at middle of left fibula; belching of large quantities of tasteless wind, relieving the distress at the stomach for a minute. At 10 P. M. severe dull pain in the back of neck, extending to

back of head and both shoulders, worse in left. At 10 p. m. took 40 grains.

November 21.—In the morning mouth bitter and sticky; tongue dry and stiff at sides; soreness and pain at epigastrium; pain below right hypochondrium and at the left of umbilicus; nausea with chills; hard, aching pain at head of right tibia; throat sore and am hoarse. At 7 A. M. took 40 grains; numbness of left hand and pricking pain in fore finger; pain through left scapula and lung. At 8 A. M. hard, aching pain in lower third of left forearm, ulna side, extending to little finger. At 8:45 A. M. dull, grinding pain in middle of left forearm, quite severe; severe, deep seated pain in left occipital region; sharp pain in region of right nipple, hindering breathing. At 12 M. dizzy while eating; sore place on left side of nose quite painful, but no redness or swelling. At 5 P. M. violent itching of front side of right ankle, while walking on the street; tip of tongue sore while eating. At 5:30 P. M. hard, aching pain in middle of forearm; itching of wrists. At 6:30 P. M. hard, dull pain in middle of right forearm, returning at intervals during the evening. At 6:45 arms and hands numb; dizzy. At 7 P. M. hard pain at head of right tibia, extending into knee joint; belching of bitter tasting wind. At 10:45 P. M. belching of wind and pain in left knee. At 11 P. M. took 80 grains.

November 22.—In morning mouth bitter; aching pain at epigastrium and left hypochondrium; severe pain in first joint of right thumb; deep and dry cough in the morning. At 8:30 A. M. dull pain through right scapula and lung; faint pain at the umbilicus, extending to epigastrium; hard pain in the bones of right leg, below the

knee. At 8 A. M. pain in first joint of right thumb; hard, grinding pain in left elbow. At 9 A. M. pain in first joint of right thumb continues. At 10 A. M. sharp pain in right lung; sharp, digging pain in left temple; hard, grinding pain in first joint in right thumb; pain in bones of left forearm. At 3 P. M. hard pain in right arm between elbows and shoulder. At 5 P. M. pain in the right thumb; pain in the left scapula, through the lung; dull, hard pain in left lumbar region; digging pain in the left hypochondrium; pain in the left arm below the elbow; hard, aching pain in right lung, and in right knee; during afternoon pain in penis and in left testicle. At 7 P. M. took 80 grains; during the evening, belching of bitter, sour wind. At 10:45 A. M. weakness of right knee; when walking am dizzy and inclined to go to the right; in evening pain and soreness of left inguinal region and inguinal glands.

November 23.—In morning, on waking, mouth bitter; left knee weak and painful. At 9:30 A. M. pain in right lumbar region; swelling, soreness and pain of left inguinal glands. At 11 A. M. hard, sharp pain in region of gall bladder; weakness of right knee. At 1 P. M. left knee painful on inside, have felt it for two or three days; pain and soreness in left axilla; hands feel weak. At 3 P. M. took 25 drops of the 4th dilution. At 5 P. M. violent itching of left ankle when walking; cutting pain in left lung. At 2:30 pain in left forearm. At 4 P. M. discharge of bright red blood from left nostril, followed by one dark clot and spitting of blood. At 7 P. M. pain in first joint of left thumb. At 7:30 P. M. pain in bones of both forearms; pulling pain in the occiput; pain in first joint of right thumb. At 8 P. M., sharp deep-seated pain

behind right ear. At 9 P. M. boring, aching pain in right little toe; corn on second toe of left foot very painful and sore; cutting pain in left scapula; pain in left great toe; left inguinal region very sore; very sharp, severe pain in right little toe, relieved by pressure; hard pain in middle of right tibia; pain in middle of left ulna; pain in left knee, as if out of joint, and could not move it, but is relieved by motion; dull pain in epigastrium; right knee weak and painful; sharp pain in region of liver, through to back; pulling pain in left occiput, causing a stupid sensation; hard, sharp pain in right temple; pain in back and right side of throat, causing a choking sensation; trembling, with faint feeling at stomach; pain in right elbow, then right knee; soreness on left side of nose better, but sore on top and right side. At 9:30 P. M. very sharp, darting pain in left temple; hard, aching pain in both temples; sharp pain in right hand; aching pain in left scapula, through the lung; pain in middle of left humerus, quite sharp; belching of wind, slightly bitter, causing or accompanied by shuddering; left inguinal region quite sore; sharp, darting pain in rectum; itching of various parts of the body and limbs; hard pain in right elbow; strong-smelling perspiration on scrotum and pubes, quite uncommon; dull pain in right lumbar region; chilly in a warm room; bad, sick feeling at epigastrium, as of undigested food. At 10:45 P. M. took 25 drops 4th dilution; pain in region of liver, and am chilly.

November 24.—In morning nasty, sticky mouth; sharp pain in left hypochondrium; pulling pain in left occiput; pulling pain in right shoulder; faint feeling at epigastrium, partially relieved by raising wind. At 8 A. M. took 25 drops fourth dilution; discharge of very offensive flat-

ulence from the bowels; one coming into the room, thought the gas was escaping; it had a coppery odor; after breakfast, head feels tight, as if squeezed; a dull, pressing pain in front of both ears; a dull, pressing pain in both temples, relieved at once by pressure; sharp pain in right thumb; pain in left popliteal space, hindering walking; pain in right thigh; dull pain in liver, quite steady during the forenoon. At 9 A. M. hard sharp pain in left ankle; at 10 A. M. dull pain in head, left knee weak and painful; at 11 A. M. pain in left popliteal space, then in right knee, then right popliteal space; at 2:30 P. M. took 25 drops; at 3 P. M. lame pain in sacral region, hindering movement, have felt it slightly for several days; at 3:30 P. M. took 50 drops; at 4 P. M. pain in left hand; at 5 P. M. pain in left knee; repeated sharp jerking pains in left shoulder; aching pain in left hypochondrium, and faint feeling at stomach, with chills in back, pain in right temple, sharp pain in middle of left tibia, belching of acrid wind, with shuddering. At 8 P. M. took 150 drops, 4th dilution. At 9 P. M., sharp, tearing pain in left knee; distressing pain at epigastrium, relieved by raising sour, bitter wind; sharp pain in left temple, raising sour, bitter wind, with shuddering; burning at epigastrium; right knee very lame and stiff; weakness of right hand; pain and distress at left hypochondrium; sore pain in right popliteal space; eyes smart all the evening, right one worse; pain and lameness of sacral region; feel confused; call things by wrong names; when I mean left leg or arm, I write it right arm or leg, and have to change it; continued belching of wind, tasting bitter and sour, with pain in epigastrium and left hypochondrium; both knees weak and painful. At 10:30 to

11 P. M. distress in stomach and bowels, with raising of bitter wind ; knees weak and trembling.

November 25.—In morning mouth tastes nasty and bitter ; both eyes smart ; pain in both temporal regions ; sharp pain behind right ear ; dull pain in front of head ; pain and soreness at epigastrium ; sharp pain in left hypochondrium ; sharp pain over right eye. At 8 A. M. took 50 drops 5th dilution. At 8:15 sharp pain in left knee ; sharp pain in left shoulder-joint ; frequent sharp pains in right shoulder ; sour stomach ; belching of sour water ; during forenoon frequent pains in right knee, also left shoulder, with sour stomach. At 1:30 P. M. pain in right knee. At 2:30 P. M. took 50 drops. At 4 P. M. frequent pains on top of left shoulder ; quite sharp pains in right leg ; acid stomach ; belching of sour wind ; lameness of lumbar and sacral regions. At 4:30 P. M. took 50 drops. At 7 P. M. hard pain in the left knee ; during evening sharp pain in the lumbar region ; pain in left knee ; pressing pain in both temples ; corn on second toe of left foot quite painful ; sharp pain in epigastrium and left hypochondrium ; spasmodic action of lower jaw ; bit my tongue several times during the evening, when I was neither talking nor chewing ; sharp pain in left side of chest and left temple ; distress at stomach ; hard, aching pain in rectum ; distress at stomach, had to unfasten my clothes usually quite loose ; pain in right ankle. At 10:30 P. M. belching of large quantities of wind, with a feeling as if both temples were in a vice ; occasional pulling, twisting pain in the rectum. At 10:45 P. M. took 50 drops.

November 26.—Awoke with bitter, sticky mouth ; swallowing caused nausea and shuddering ; sharp pain in

muscles of lumbar region ; sharp pain in left knee ; I felt as though I could not move it ; sharp pain on top of left shoulder ; sharp pain in front and behind both ears ; sharp pain in center of left lung ; hard, pulling pain in back of neck, worse on left side ; all the pains, except headache, are relieved by motion, but not as readily as at the commencement of the proving ; constant desire to swallow, but it causes nausea ; frequent sharp pains in region of heart, for a few seconds at a time. At 7:30 A. M. took 50 drops. At 10:15 sharp pain in back side of left lung and in scapula, extending down inside of left arm ; feel nervous ; easily troubled. At 9 A. M. sharp pain in region of heart, and to the left of it ; pain in left shoulder ; stool light colored, almost white, and slimy ; mouth sore. At 1 P. M. roof of mouth sore ; gums on inside of front upper teeth swollen ; pain in right leg below the knee, worse on the back side ; pulling pain in right knee ; also, knee lame and weak ; sharp pain in centre of right lung ; sharp pain in right hip joint ; left knee weak and painful ; hard, pulling pain all day on top of left shoulder, extending to neck and head, worse at the attachment of the sterno-cleido-mastoideus muscle ; pain in left lung, parallel with and at the side of the nipple ; pain in right hand ; sharp pain in left hypochondrium, with a frequent stabbing pain, then a dull ache in left temple ; dull, heavy pain and soreness in left inguinal region ; darting pain in right lumbar region. At 7:30 P. M. took 50 drops ; fullness at epigastrium ; clothes feel tight ; feel dull and stupid ; eyes smart, and lids feel stiff. At 9 P. M. took 100 drops. At 9:30 sharp pain in left little finger ; sharp pain over left eye ; drawing pain at angle of jaw ; left side teeth feel sore ; feel tired and languid ;

still keep moving round the room, restless; sharp pain in left thumb; dull pain in front of right ear, and sharp pain over left eye at same time; sharp pain in left tibia, near the ankle, which made me limp; then pain in right tibia; then in right hand. At 11:30 p. m. pain in back; pain in epigastrium; pain in left hand. At 12, midnight, sharp pain in right shoulder; pain and soreness in right axilla, extending down the arm, aggravated by walking; sharp pain at epigastrium; sharp pain in right knee and right elbow; both eyes smart, and feel as if dust or eye-lashes were in them.

November 27.—In morning mouth dry and sticky, roof of mouth quite sore; right knee painful, both knees weak; sharp pain in posterior portion of right lung; nausea after eating; pain in right knee, right ankle, and right elbow; sharp pain in lumbar region, extending to the testicles; eyes are sore and smart badly; eyelids feel stiff, eyes do not look sore. At 8:30 a. m. sharp, squeezing pain in liver; sharp pain left temple; pain in left shoulder; dull, hard pain in right hip; right knee lame and sore; eyes sore, left one worse; soreness from left eye to left temple. At 1 p. m. hard, sharp pain in left popliteal region; a sharp pain went from the left thigh to the top of the head, like an electric shock, while lying down after dinner; the pain was so severe that it made me jump up; a sharp, darting pain in a right upper molar tooth, (which had been filled several years,) as if I touched a bare nerve; pain in the jaw near the teeth; soreness of the gums extending to the roof of the mouth; dull pain in the epigastrium, with fullness; frequent sharp pain in the liver; very sharp pain in right upper molar tooth. At 4:45 p. m. pain in middle of right tibia

when walking on the street, which made me limp and the bone seemed sore, then the pain extended to the left side of the knee joint, at edge of patella, lasting some time, making me quite lame, then the pain moved to the lower portion of fibula, same leg, but was not so severe, but a hard aching pain. At 6:45 P. M. sore, lame feeling of right leg below the knee and in front; violent itching of left foot; severe pain in front and left side of head, over the eye. At 7 P. M. a hard, sharp pain behind the left ear; the soreness of the nose is all on the right side, with a small swelling; the inside of both nostrils dry and sore; roof of mouth sore and troublesome; both eyes smart and quite sore; the left one often feels as if there was dirt in it; itching of rectum; left corner of mouth sore. At 10:30 P. M. itching of left internal ear; sharp pain over left eye; the soreness in left groin is worse, is more painful, and extends down into the thigh; right tibia quite sore and painful when walking, but not painful to the touch; it is relieved by pressure or contact. At 11:20 took 100 drops sixth decimal dilution.

November 28.—In morning mouth sticky and bitter; pain at epigastrium and left hypochondrium. At 8 A. M. took 50 drops sixth dilution; eyes sore and lashes stuck together. At 10 A. M. hard, aching pain in left parotid gland. At 11 A. M. sharp pain on inside of left ankle; roof of mouth and gums quite sore; in afternoon pain in both parotids; discharge of very offensive flatulence from the bowels; eyes sore; hard, sore pain on inside of left knee; dull pain in right knee; hard pain on top of left shoulder; very sharp pain in left side of back, at tenth rib, very sudden, made me jump. At 8 P. M. hard pain in left temple, relieved by pressure, but it produces heat

in the left nostril; after the pain a sensation of pressure; itching every evening over the lower portion of right scapula; knees weak when walking; darting pain behind left ear; sourness of stomach; pain in right leg, above the knee; darting pain in right hand, feels as if sprained; stabbing pain in liver; burning at stomach; both parotid glands sore, with pain extending to the throat; sharp pain in right wrist; dull pain in left hip; burning at stomach continues; tongue sore on right side; feel languid; pain in right hip, extending down front side of leg, near to the knee, have to limp when walking; inclined to raise wind, but cannot; pain in back of neck. At 10 p. m. took 75 drops; both eyes sore, feel as if there were sticks in them; sharp pain in right popliteal space, which hinders walking; dull pain in sacral region.

November 29.—In morning, bitter taste in mouth; sharp pain in right temple; dull pain in left temple; dull pain in middle of bones of fore-arm; pain in right ankle; mouth sore; sharp pain through the center of right lung. At 7 a. m. sharp pain through left lung, near the nipple; sharp pain in region of heart, had to stop when walking; pain on inside of left knee. At 3 p. m. sharp pain at lower portion of left scapula, through the lung; stomach and bowels feel full, with dull pain during the evening; pain in both temples; tongue sore. At 12, midnight, took 100 drops in one gill of water; after going to bed, eyes smart so badly that it feels as if hot air was coming out of them and passing over the face; restless, cannot go to sleep.

November 30.—In morning, mouth bitter; pain in both temples; discharge of dreadfully offensive flatulence from the bowels, with urgent desire for stool; offensive

stool; burning at stomach; dull pain in back of neck; during the morning, four offensive stools, each one more slimy than the preceding one, and more straining, perhaps aggravated by drinking part of a glass of (slightly fermented) new cider the previous evening, though I am confident the cider alone would not have caused it; pains in bones of the hands, left one worse; pain in left arm, left leg, and left foot; frequent sharp pains in right lung, one inch below the nipple; pain in right temple, extending to the angle of jaw, at times sharp, at others a dull, squeezing pain; pain in front of head and temples, as if lifted up; dull pain in left hip; also, in heel and sole of foot; frequent hard, dull pain in left "tendo Achilles." At 8 P. M. severe grinding pain on inside of left knee; pain in right lung, one inch below the nipple; it feels as if it would arrest breathing, but is not aggravated by a deep inspiration, but gives an inclination to cough; both eyes smart; eyes feel as if some large smooth substance was in them; dull pain in right temple; dull pain in right elbow; pain in first joint of right thumb, at first dull, gradually growing sharper; pain and soreness of left axilla; feel dull and cross; desire to be alone; do not enjoy society; am usually quite fond of the society of ladies, but now they seem repulsive; sexual desire sadly diminished; itching over right shoulder blade; pain in right lung, just above the nipple; both eyes smart; at 10:20 P. M. took 150 drops sixth dilution; restless, cannot sleep; multitude of dreams.

December 1.—In morning mouth bitter, sticky and clammy, tongue slightly coated; severe pain in lower part of bowels; great desire for stool, driving me out of bed; quite ~~vain~~ stool; one and one-half hour later an-

other small, light-colored stool, with much straining; during forenoon occasional pains in bones. At 2 P. M. desire for stool, with faint burning pain in rectum; feel dull and stupid, went to sleep in my room, a very uncommon occurrence, and awoke with very bitter mouth; pain in bowels and rectum; desire for stool; slimy stool; during evening, belching of wind and bitter mouth,—the bitter seems to be worse on the sides of the tongue and back part of it; feel dull and stupid, but feel well in the forenoon. At 8 P. M. mouth dry and bitter; pain in both hypochondria. At 9 P. M. took 75 drops. On going to bed could not go to sleep as usual; had pains in joints and bones. At 1:30 A. M. was called up; hard pains in bones of legs and was chilly, with very bitter mouth. On going to bed at 3 A. M. could not go to sleep, was quite restless.

December 2.—Awoke in the morning with mouth very bitter and sticky; pain in both temples; sore pain at angle of jaw, left side; throat seems sore but is not; pain in both shoulders, left one worse; pain in left elbow; pain in right lung, then the left; sharp pain in the liver; heavy feeling at stomach as of undigested food; soreness of left hypochondrium; soreness and pain in right lumbar region; pain in right hip; pain in left thigh; right knee is weak and painful; pain in right tendo-Achilles; sharp, pulling pain in left hand. At 11 A. M. hard pain in right leg, near the knee, back side. At 2:30 P. M. dark, slimy, offensive stool. At 6 P. M. stomach bloated so I had to unfasten my clothes. At 7:30 P. M. sharp pain in ball of right eye; both sides of tongue sore near back molar teeth; roof of mouth and tip of tongue sore; itching over right scapula every evening; immediate ^{stomach} after lying

down in bed, a hard but not very sharp pain in left hypochondrium, aggravated by lying on right side, but not changed by turning to left.

December 3.—Had a restless, dreamy night; in the morning mouth bitter, sore and clammy; sharp, deep pain at lower portion of left scapula, followed by a sharp pain through center of right lung; severe pain in both temples and front part of head; both knees weak, right knee painful; drawing pain through both shoulders; finger nails very brittle. At 11 A. M. sharp pain in right knee, the knee is weak and lame; pain in left side of head, both in front and behind the ear; distress at stomach all the forenoon; dull pain in both temples after dinner; itching over both scapulæ, worse on right. At 9 P. M. sharp pain in center of right lung; inside of nostrils sore; lips sore; knees weak and painful; pain in calf of right leg; both eyes weak and sore, and smart badly; eyelids seem stiff; dull pain in left hypochondrium when lying upon the left side; dull pain in the epigastrium and right hypochondrium. At 11 P. M. hard, aching pain just below the outer angle of right eye; dull pain in left shoulder; mouth sore; after retiring, restless and uneasy; left inguinal region sore and painful; pain in both knees, right elbow and left shoulder; pain in liver, worse when lying on right side. At 1 A. M. mouth bitter, dry and sore; saliva runs out of the mouth when asleep; sharp pain in middle of right fibula; stomach feels faint and bad; dull pain in front of head; jumping, darting pain in corns on second toes of both feet; dull pain in both hands; lame pain at head of right fibula; sharp pain in right lung and left knee; left groin sore and painful; eyes sore; dull pain in epigastrium and both hypochondria.

December 4.—Mouth bitter and sore; pain in stomach; frequent pains in joints. At 3 P. M. hard pain in right knee and ankle. At 5 P. M. pain in left shoulder; pain in right hand. At 8 P. M. pain in left hand; frequent dull, pressing pains in temples; for several days, feeling in the stomach as if distressed by food, much worse to-day; bad, distressed feeling at stomach after eating only a little; stomach bloated, have to unfasten my clothes. At 10 P. M. stomach has been distressed all the evening; frequent sharp pains darting from one part of the body to another; hard, aching pain at the middle of left fibula; restless, dreamy sleep.

December 5.—In morning, mouth bitter, dry and sore; eyes sore, right one stuck together, for the first time in my life or remembrance. At 7 A. M. sharp pain in right lung, just below the nipple; sharp pain in left lung, just below the axilla; dull pain in back of neck. At 10 A. M. sharp pain in right knee; frequent sharp pains in center of right lung. At 1 P. M. sharp pain in back, at lower portion of left scapula; aching pain at top of left shoulder; stomach feels raw and bad; frequent hard aching pains at the upper portion of left fibula. At 4 P. M. hard aching pain in right leg, just above the popliteal space; frequent hard pains in left elbow; pain in right elbow; frequent sharp pains in various parts of the body. At 7 P. M. sharp pain in left lumbar region, that pulled me over backwards, and made me groan aloud; a dull, numb pain extends down from left elbow towards the wrist, along the ulna; left shoulder is lame and painful, it seems as if I cannot move it, but it is relieved by movement; dull, grinding pain in left lower jaw, between teeth and angle of jaw; eyes smart; severe, sharp, pulling pain on inside of right elbow; jumping, darting pain at angle

of jaw, right side; pricking pain at left hypochondrium; dull, aching pain at epigastrium; drawing pain in upper portion of left fibula; pain in top of left shoulder, so severe I cannot sit still, chloroform applied gave relief, but it soon returned; the pain extends up into the neck; much itching over the right scapula; hands feel numb, left one worse; belching of wind; bad smell in nose, as from a bilious dysentery patient, every day; right knee weak and painful when walking; sharp pain in left lung, below and to the left of the nipple; sharp pain in lower portion of right lung; sharp pain at epigastrium; pain and soreness in left axilla; left inguinal region sore and painful.

December 6.—In morning, mouth dry and bitter. At 7 A. M. pain in both temples, left one worse; pulling pain in occiput; burning pain behind top of sternum; sharp pain in lower portion of left lung; drawing pain in right lung; hard, dull pain in region of gall bladder; left inguinal region sore and painful; sharp, drawing pain in left lumbar region; right knee painful; sharp, drawing pain in right shoulder, extending to the back portion of the lung; left side of tongue sore; left shoulder painful. At 8 A. M. both knees weak and lame. At 12 M. severe burning itching over right scapula. At 2 P. M. lame pain in upper portion of left tibia; dull pain from the occiput through to the front part of the head; sharp pain in center of right lung. At 3 P. M. pain in front lower teeth. At 4 P. M. loud ringing in ears, worse in right. At 6 P. M. pain in lower back teeth, left side, extending to angle of jaw and parotid gland; pain in upper front teeth; troublesome itching all the evening over the right scapula, even to soreness; pain in right knee; pain in both knees;

eyes smart ; sharp, pricking pain in region of heart ; bad faint feeling at epigastrium ; dull headache ; pulling pain in left tonsil ; hard pain at middle of left humerus.

December 7.—In morning mouth dry and bitter ; dull pain in left occipital region ; sharp pain in right temple and front of the head ; irritation of throat, left side, extending to the ear and down the pharynx, causing cough ; stomach feels badly, sore and faint ; sharp pain in left elbow ; dull, hard pain in right knee. At 9 A. M. hard pain in left knee, at head of fibula ; sharp pain in lower portion of right lung ; sharp pain in right knee and elbow ; sharp pain in right temple when eating dinner. At 1 P. M. drawing, pulling pain in cervical vertebræ ; sharp pain in right lumbar region, pulling me over backwards and to the right ; sharp pain in left knee, outside ; sharp pain in left lumbar region, pulling me over back and to the left. At 7 P. M. sharp, darting pain in lower portion of left lung ; stomach feels full and distressed ; itching over right scapula ; right knee lame and painful. At 8 P. M. stomach distressed and bloated, had to unfasten my clothes ; sharp pain in left hypochondrium. At 9 P. M. burning and itching over left scapula ; drawing pain in right knee ; sharp pain in lower portion of left lung ; dull pain in left thumb ; grinding pain in left elbow ; dull pain in left hand ; feel dull ; desire to be alone, conversation is troublesome ; lumbar region lame and stiff ; violent itching over right scapula, slight over the left ; frequent pains through left lung ; knees weak and painful ; dull pain at middle of sternum ; tip of tongue sore ; hard pain in right hand. At 10 P. M. sharp, wringing pain in left parotid gland ; drawing pain in right leg above the popliteal space. At 10:30 P. M. sharp, darting pain over left eye ; pulling pain in left lumbar region ; hard,

aching pain in left hypochondrium ; hard, sharp, twisting pain just below the left axilla ; cramp-like pain at the epigastrium, all relieved by motion ; eyes weak.

December 8.—In morning mouth bitter and clammy ; tongue coated brown, and is sore on tip ; dull pain in head, both front and temporal region ; stomach feels bad and faint ; dull, twisting, sinking pain in region of gall bladder ; right knee weak and lame ; hard, twisting pain at first joint of right thumb ; every day bloody taste in mouth ; dull pain in region of liver, aggravated by inhalation, relieved by exhalation ; left elbow lame and stiff ; dull pain in temporal region, both sides ; grinding pain in elbow joint ; constant smell in nose, as from bilious fever patients ; dull pain in left hypochondrium ; dull pain in lower portion of left lung, back side ; tongue feels as if burnt. At 1 P. M. aching pain in right elbow ; sharp pain over right eye, extending to the occipital region ; lame pain in left elbow, alternating with pain in the knees ; both knees weak. At 5 P. M. dull pain in back portion of left lung. At 6 P. M. dull pain through right lung ; frequent aching pains in knees and elbows ; sudden sharp cramping pain in right lung, just below the nipple, arresting motion and breathing for a few seconds ; aching pain in left little finger ; pulling pain in right popliteal space ; dull pain in epigastrium and left hypochondrium. At 8 P. M. pain in left elbow. At 9 P. M. pain in right ankle ; outside soreness over right scapula ; distress at stomach ; dull pain in right temple ; drawing pain in left elbow ; hard pain in left temple ; eyes smart.

December 9.—In morning mouth clammy and bitter, tongue coated slightly brown ; sharp pain in left knee ; dull pain in left hypochondrium ; drawing pain in left

hand ; dull pain in both temples ; drawing pain in right knee ; both ankles lame and painful. At 9 A. M. very sharp pain in epigastrium, causing me to bend over ; sharp pain in right lung ; sharp pain in inside of left knee ; left wrist lame and painful ; pain extending up left leg, from the knee. At 10 A. M. sharp pain at right side of epigastrium. At 11 A. M. sharp pain in left knee. At 12 M. hard pain in back and central portion of right lung ; distress in left lung, near the heart. At 2 P. M. hard but not very sharp pain in the back portion of left lung near the lower portion of the scapula. At 4 P. M. pain in left knee ; pain in right knee ; sharp, darting pain in region of heart, arresting breathing ; distress and faint feeling at stomach ; three light-colored, loose, slimy stools ; continued desire for stool, stomach seems swollen, have to unfasten my clothes ; dull, grinding pain in left elbow, as if out of joint ; pain in right fore-arm ; sharp pain in region of heart, arresting breathing. At 10:30 P. M. continued violent itching over right scapula ; occasional itching over left scapula ; itching of right, internal ear ; small balls of wax drop out of the right ear, almost every day. At 11 P. M. sharp darting pain in left hypochondrium ; twisting pain in front of left ear, causing a numb sensation of the head ; after going to bed, severe aching pain in front of right ear, lasting some time. At 11 P. M. sharp pain in the epigastrium ; dull, aching pain in liver, worse on lying on right side.

December 10.—At 7 A. M. sharp pain in epigastrium ; constant distress at stomach, with frequent very sharp pains. In morning mouth bitter, dry and rough, pain in left hand. At 1 P. M. discharge of very offensive flatulence from the bowels ; no stool till afternoon, very uncommon ;

during the afternoon frequent severe but not very sharp pains between the third and fourth metacarpal bones of the left hand. At 4 P. M. hard pain through top of left lung. At 8 P. M. dull pain behind top of sternum. At 9 P. M. dull pain through top of right lung; tongue sore; lips burn; constant dull pain at the epigastrium. At 9:30 P. M. hard pain in left elbow. At 10 P. M. grinding pain in right knee, at lower portion of the patella; stomach seems bloated, have to unfasten my clothes; dull pain in temples; irritation of throat, with inclination to cough; eyes smart; dull pain at epigastrium and both lungs, aggravated by a deep inspiration, and worse behind sternum.

December 11.—Mouth and tongue dry and bitter; bad smell in nose; stomach feels badly. At 2 P. M. pain in upper portion of left lung. At 4 P. M. pain in the upper portion of the right lung; the old hæmorrhoidal tumor had nearly all disappeared, but to-day it returned, and is quite sore. At 10 P. M. both knees quite weak; dull pain in head; constant bad smell in nose, like bilious fever patients; lumbar and sacral regions very lame, worse on stooping; dull pain in both temples, worse in right. At 11 P. M. took 500 drops 8th dilution.

December 12.—At 5 A. M. mouth bitter and clammy; bad smell in nose; discharge of large quantities of flatulence from the bowels. At 7 A. M. hard aching pain in left knee, commencing in back side and extending through to the front, seems as if I could not move the joint; then pain in right knee; then in left again; gripping in lower part of bowels; pain in both knees; pain in right hand; distress at stomach, and belching of large quantities of wind; dull pain in both sides of head;

great desire for stool; dark, offensive stool; distress at stomach, as of undigested food, with occasional sharp pains and heat in stomach; constant desire for stool. At 9 A. M. another dark, offensive stool; pain in liver; distress at stomach; hæmorrhoidal tumor quite sore. At 12 M. nausea; sharp pain in liver; sharp pain in left hypochondrium; soreness on left side of nose returned; hæmorrhoidal tumor very sore, have to move with care. At 3 P. M. another stool. At 5 P. M. sharp pain extending from the painful hæmorrhoidal tumor to the region of the liver; constant distress at stomach, have to unfasten my clothing; belching of quite acrid wind; stomach burns and smarts, and is sore; almost constant passing of flatulence from the bowels, with loud rumbling in bowels, left side; dull pain in liver; sudden pricking pain in rectum; itching between the shoulder-blades; darting pain in left temple. At 7 P. M. feet and legs, to knees, feel numb and strange; sudden sharp pain at back part of left lung, near the center; burning in stomach and smarting at throat all the evening; sudden shocks of sharp pain in left temple; hard, aching pain in left forefinger; burning in stomach, extending all over the chest. At 10 P. M. took 500 drops 8th dilution, followed by dull pain in head and wringing pain in left hypochondrium, then in epigastrium; sharp pain at umbilicus; both eyes smart; dull, heavy ache at epigastrium; dull, heavy, distressed feeling in liver, in region of gall bladder, when lying on the right side; knees weak and painful.

December 13.—In morning mouth dry and bitter; distress in stomach and liver; back lame; violent itching over both hips, extending down the legs, aggravated by getting cool; bad smell in nose; dark, offensive stool;

pain in liver; dull pain in back. At 12 M. hard pain in upper posterior part of left lung. At 4 P. M. sharp pain in left hypochondrium. At 6 P. M. pain in liver; burning in stomach; pain in back of head; eyes and inside of nostrils smart; left side of tongue sore; in evening, pain in liver; sharp pain in left hypochondrium; sore pain in upper portion of both lungs, also, in back side of left lung; sourness and burning at stomach all the evening, at times extending to the throat and roof of the mouth; severe, almost unbearable itching over right scapula, without any eruption; itching every day on thighs and legs, worse on undressing or getting chilly. At 10:45 P. M. took 1,000 drops 8th dilution, followed by a spasmodic closing of the jaws, and biting the tongue; pain in liver when in bed.

December 14.—In morning mouth dry and bitter; pain in center of right lung; discharge of very offensive flatulence from the bowels; dark, bilious, slightly costive stool; pain in liver; pain in left inguinal region; pain in left axilla; dull pain in the right temple,—it seems to be over a large surface on the outside, but concentrated to a small point internally; dull pain in the left temple; pain in both inguinal regions, extending to the testicles; acid stomach, with burning; discharge of offensive flatulence from the bowels; violent itching on back, shoulders, and various parts of the body; hæmorrhoidal tumor quite sore all day; bad smell in nose all day, as of something in the nose; pain in bowels, as if a diarrhœa would come on; discharge of very offensive flatulence from the bowels; dull pain in middle of fore arm. At 11 P. M. sharp pain in left temple; nose dry and bad smell in it. At 11:15 P. M. took 2,000 drops of the

8th dilution; immediately, belching of wind, with shuddering and bitter taste in mouth.

December 15.—In the morning mouth very dry and bitter; tongue dry and stiff; pain at epigastrium; pain at the umbilicus; griping pain at hypogastrium, as if a diarrhœa would come on, entirely relieved by passing small quantities of flatulence; urgent desire for stool, with small bilious stool, and pain in the bowels during stool; pain in the liver; sharp, cutting pain in the stomach; very sudden pain in both spermatic cords, extending to the testicles; dull pain in the left leg above the knee; dull pain in right leg, below the knee; during the day and evening, violent itching over right scapula and between the scapulæ. At 9 p. m. took 3,000 drops, or about four fluid ounces of the 8th dilution, followed by hard aching pain in right hand; dull pain in the left temple; itching of rectum; wringing, twisting pain in the left hypochondrium; dull, squeezing pain in front of both ears, extending to the angle of the jaws.

December 16.—In morning mouth and tongue very dry and bitter; griping pain in bowels, worse in lower portion; bilious, very offensive stool. At 1 p. m. frequent wringing pain in left inguinal region; violent itching of the rectum, cannot sit or stand still; soreness of the hæmorrhoidal tumor nearly all gone; knees weak and lame; little balls of wax drop out of the right ear; lameness of lumbar and sacral region; tip of tongue sore. At 5 p. m. severe itching between the scapulæ; itching of the rectum; pain in right leg below the knee; sharp pain in the left knee; dull pain in the right temple; digging pain at the angle of left jaw; hard burning at left lumbar region; cramping pain in small of the back; violent

itching over both hips and the right thigh; frequent bad smell in nose, as of bilious fæces.

December 17.—In morning mouth and tongue dry, bitter and sore; dull griping pain in bowels; bad smell in nose; any offensive smell remains a long time in the nose. At 7 A. M. stool more natural, followed in a half hour by desire for stool; griping pain in lower part of bowels, which goes off entirely by the same kind of pain appearing at epigastrium, which remains some time; sharp pain at epigastrium, aggravated by stooping, relieved by standing erect. At 8 A. M. another stool; dull, twisting pain in left hypochondrium. At 10 A. M. sharp pain in epigastrium; sharp pain in left hypochondrium. At 2 P. M. itching of rectum. At 7 P. M. hard lame pain in right knee; eyes smart and sore; dull, grinding pain in stomach, and bad smell in nose; constant desire to pass flatulence from the bowels; eructations of wind; dull pain in bones of left leg, below the knee; dull pain over left eye; sharp pain and faint feeling at region of heart; itching over right scapula; dull, grinding pain in left elbow; eyes smart all the evening; bad smell in nose; sharp pain in region of gall bladder; awoke suddenly from sleep with hard but slow beating of the heart, shaking the chest.

December 18.—In morning, mouth dry and bitter; dull pain in both temples; both knees weak and painful; distress at stomach; bowels feel full and distressed; left shoulder painful; very bad smell in nose, like bilious fæces; frequent sharp pains in region of heart. At 4 P. M. sharp pain in right lung, below and to the right of the nipple. At 5 P. M. left knee lame and painful; had to limp when walking; sharp pain in right lung.

December 19.—In morning, mouth dry and bitter. At 4 A. M. sharp pain in hypogastrium, relieved by discharge of flatulence, followed by urgent desire for stool, driving me out of bed; stool passed with a great deal of force, followed by straining. At 5 A. M. sharp pain in umbilicus; dull, squeezing pain in both temples, with nausea and chills, and mouth dry, but no thirst; desire for stool. At 6 A. M. mouth dry, pain in bowels, with desire for stool. At 6:30 A. M. pain in bowels; urgent desire for stool; stool, with forcing, followed by straining and pain in hæmorrhoidal tumor. At 7 A. M. constant dull, grinding pain in bowels, and desire for stool; chilly; dull headache in both temples; soreness of lower portion of bowels; tongue coated slightly brown; dull pain in bone of right leg, above the knee; constant sharp pain in umbilicus and all the lower portion of the bowels, with inclination to stoop or bend forward; standing erect relieves the pain, but produces a faint, chilly feeling; sharp pain in epigastrium and left hypochondrium; belching large quantities of wind relieves the pain, but leaves a soreness: nose inclined to be stopped up. At 8:30 A. M. urgent desire for stool; small stool, with much straining; hæmorrhoidal tumor sore; griping pain in bowels, worse at umbilicus. At 9 A. M. have had four stools, each one smaller than the preceding one, but more slimy and more straining, with less pain before stool, but more pain after stool; dull pain in epigastrium; during forenoon excessive desire for stool; it seemed impossible to avoid it, but, under the circumstances, was obliged to; occasional pains in shoulder joints. At 12 M. white, slimy stool, like the white of an egg, but lumpy, with great, unavoidable straining and burning in rectum, with a sensation as if the fæces were hot; bad,

faint feeling in lower portion of bowels; at stool, faint sensation, near syncope, feared I should faint. At 4 P. M. sharp pain through center of right lung; severe itching over right scapula. At 7 P. M. very offensive smell in nose; tip of tongue sore; sharp, drawing pain in left lumbar region; right eye sore all day; left one smarts in the evening; hæmorrhoidal tumor quite sore; cannot sit still; itching of rectum; both knees weak, lame and painful; violent itching between the right scapula and the spine; sharp pain in right lung; itching of left side of rectum, the tumor is on the right; excessive itching over right scapula.

December 20.—Mouth bitter, tongue dry, and great desire for stool, driving me out of bed early in the morning; small stool with much straining and shuddering; bowels feel sore and weak; right eye sore, mostly in lower lid; discharge of bright blood from left nostril, with spitting blood for a half-hour; frequent urgent desire for stool, commencing with pain in the upper portion of sacrum, extending to rectum, then to region of bladder, causing a sick, faint sensation, followed by a dull pain in the rectum and distress at the umbilicus. At 9 A. M. stool with much pain and straining; frequent pains in the bowels; inclination to stool and itching of rectum during the forenoon, but better than yesterday forenoon. At 2 P. M. stool with less pain and straining; white, slimy stool, followed by a dragging pain below the left axilla; hæmorrhoidal tumor itches and is sore; right ankle is lame and painful; pain in right knee; itching of right scapula; lumbar region lame and painful, getting out of a chair or walking is difficult; right eye sore all day.

December 21.—In the morning mouth bitter and dry, but better than the past few mornings. At 6 A. M. desire for stool but not very urgent; occasional pains in bowels; right eye sore, a small sore in under lid, like a sty, the first in my life. At 9 A. M. stool with no pain and little straining. At 4 P. M. sharp pulling pain below left axilla; pain in bowels; dull pain in right temple; eyes smart badly, worse in evening; darting pain in rectum; exceedingly aggravating itching over right scapula, less over the left one, burning on top of left shoulder; irritation of the fauces, and inclination to cough; grinding pain in right elbow; stinging pain in corn on second toe of left foot: dull pain in left fibula; catching pain in region of heart. At 10 P. M. eyes quite sore; hard, twisting pain in left knee.

December 22.—At 3 A. M. pain in hypogastric region, relieved by urinating. At 3:30 A. M. twisting pain in all parts of the bowels, worse in lower part, constantly changing, relieved by passing soft yellow stool; mouth and tongue dry, bitter and sore; sharp, twisting pain in back of neck, left side, then right side; pain in liver; sharp pain in left hypochondrium; right knee weak, lame and painful all the morning. At 12 M. hard pain in left knee; pain in bowels. At 2 P. M. small stool, with little pain or straining. At 3 P. M. quite severe, cramping pain just above the umbilicus, lasting some time; itching over right scapula; sharp pain in left hypochondrium; pulling pain in the stomach; hard pain in bones of right fore-arm; pain in left hand; nails on fingers and toes seem unusually brittle; itching over both scapulæ and left side of chest, in evening; stinging, itching over right hip, it came so suddenly it made me jump; sudden stinging in

various parts of the body, like bee stings. At 10 P. M. dull but hard pain in middle of left ulna; a twisting sensation, but no pain in liver; eyes sore.

December 23.—In the morning mouth and tongue dry and slightly bitter; eyes weak. At 4 P. M. sensation as of a heavy load on top of right shoulder. At 5 P. M. itching of rectum; in evening, oozing of mucus from the anus, quite troublesome; pain in bones of left fore-arm; during afternoon soreness of left internal ear; blowing of nose causes severe pain in left ear; in evening pain in the right ear.

December 24.—Natural stool; hæmorrhoidal tumor nearly gone; stool at 1 P. M., and 4 P. M.; no pain in hæmorrhoidal tumor; at 3 P. M. itching of rectum; during evening, irritation of rectum. At 8 P. M. both ears suddenly stopped up; both internal ears sore to the touch.

December 25.—In morning mouth slightly bitter; occasional irritation of throat during the day, much worse in the evening; stomach burns, and is sour after eating, also during the evening; standing a short time, the knees feel very weak; dull pain in left temple.

December 26.—In morning mouth slightly bitter and dry; faint pain from epigastrium to umbilicus, relieved by standing erect, aggravated by stooping; frequent headache during the day, mostly in the temples, worse on the right side; frequent itching of the rectum, and moisture around the anus; in morning severe pain in right ankle, in the evening in right knee; right hand weak; severe pain in left ankle in evening, while sitting; pains in left thumb; dull pain in front and left side of head. At 11

P. M. dull pain through top and front part of head, occasionally a sharp pain. At 5 A. M. mouth dry and bitter, and sore on the roof.

December 27.—Dull pain in right temple, with occasionally same in left, and slight pain in occiput; dizzy, inclined to go to the right when walking; after a short sleep in the morning, mouth very bitter and dry; bad smell in nose all the morning, as of bilious fæces; evening, occasional pains in elbows and knees; mouth sore and bitter; burning at stomach and pain in bowels.

December 28.—At 4 A. M. head dull, and am dizzy; inclined to go to the right; in walking to a table, went past it to the right. At 5 A. M. head aches, and am dizzy; mouth sore all day; occasional pain in head, mostly in left temple; pain in elbows and knees during the day; eyes very weak; blur before them.

December 29.—In morning mouth bitter, dry and sore; sharp pain in left hypochondrium, arresting walking, and preventing a deep inspiration; bowels natural, but occasional slight griping pains in them; no appearance of hæmorrhoidal tumor. At 12 M. sharp, cramping pain across epigastrium, holding me still for a minute; hæmorrhoidal tumor all gone; dizzy, cutting pain in left temple.

DIOSCOREA VILLOSA.

FIRST PROVING BY A. M. CUSHING, M. D.

December 29, 1867.—At 9:30 P. M., took 5 drops of the tincture.

December 30.—At 8 A. M. took 5 drops of the tincture. At 2 P. M., hurried, almost irresistible desire for stool; loose stool, with much straining and slight protrusion of hæmorrhoidal tumor, followed by pain in both knees, worse on going up stairs; the right one worse. At 2:30 P. M. took 5 drops of the tincture. At 4 P. M. sharp pain in the left inguinal region, extending down inside of leg. At 5 P. M. hard aching pain in left axilla; 10:30 P. M. dull grinding pain in left temple; sore pain in center of right lung. At 10:45 P. M. took 10 drops of the tincture. Pain in both lungs; griping in the umbilical region; both knees weak; all the evening, biting, stinging pain in corn on the second toe of left foot; sharp pain in left inguinal region; cramping pain in left hypochondrium.

December 31.—Sleep full of lascivious dreams; emission of semen during sleep; corns on second toe of both feet sore and painful. At 10:30 A. M., sharp, darting pain just below the left nipple, arresting motion, but relieved by motion; burning at the stomach; most of the evening burning and itching over both scapulæ; hard, cutting pain in left inguinal region; sourness and burn-

ing at the stomach; most of the evening, pain in left inguinal region, with occasional chills. At 11 P. M. took 20 drops of the tincture; distress at stomach; had to unfasten my clothes; both knees weak; tightness across the upper part of the chest.

January 1, 1868.—Sleep full of lascivious dreams; hurried desire for stool, driving me out of bed early in the morning; loose, watery stool, with shuddering, but no pain; both knees weak; discharge of very offensive flatulence from the bowels; constant desire for stool; bad smell in nose; dull pain in right temple; numbness and tingling of the fingers on right hand. At 9 A. M., soft, slimy, light-colored stool. At 12 M. took 10 drops of the tincture. At 4 P. M., hard, grinding pain in right knee. At 6:30 P. M., knees weak, and tremble when walking; distress in bowels, with some desire for stool all the evening; rumbling of bowels, and passing large quantities of flatulence. At 10 P. M. distress at stomach; hard, grinding pain in right thumb, first joint; cutting pain in fore finger of right hand. At 10:45 P. M., took 10 drops of the tincture. Hard, sharp pain above the left nipple, through the lung, lasting several minutes; dull pain in right temple; constant excitement of genital organs, with frequent erections night and day.

January 2.—In morning mouth dry and bitter; pain in left lung, above the nipple; pain in the stomach and bowels. At 12 M. took 10 drops of the tincture. For two or three days past my nerves have been uncommonly steady. At 10:30 P. M. took 10 drops of the tincture. On going to bed, distressing pain in epigastrium, extending into the bowels, lasting a half-hour; restless, cannot sleep; eyes smart and are sore.

January 3.—In morning mouth dry and bitter; heavy distressed feeling in bowels; during forenoon bad smell in nose. At 2 P. M. burning sensation in left lung, in region of nipple. At 5 P. M., sharp pain in right temple. At 7 P. M., sharp pain in right thumb; during evening, sharp pain on inside of right knee; knees weak; pain in lumbar and sacral regions; pain in center of right lung.

January 4.—In morning mouth dry; fauces feel sore as from a cold. At 8 A. M. took 20 drops of the tincture. All the forenoon felt as if I had a bad cold; bones ache; pain in right temple and right lung; am chilly and back aches, but have not been exposed to a cold in any way; all the afternoon and evening pain in back of head; throat feels sore, but is not on swallowing; pain in right lung; dull pain in back, hips and legs; right side worse; severe sharp pain in left hand and fingers; am chilly, yet sweat easily; mouth dry; several severe chills during the evening; restless all night; chilly, then perspire, but no fever, no thirst; in night, sharp pain in region of the heart; at 2 A. M. stool, driving me out of bed in a hurry.

January 5.—In morning dull headache; throat slightly sore; feel weak; heavy brown coating on tongue; lay in bed till noon; during afternoon, dull, heavy pain in back of head and shoulders; frequent sharp pain in bones of fingers, one finger at a time, sometimes one, then another; pain in knees and ankles; feel decidedly sick; in the evening, after fasting nearly 24 hours, severe pain in the stomach after eating only a little light food, which passed off while eating; sharp, twisting pain in the left hypochondrium; dull, heavy, grinding pain in the region of the liver, quite severe; irritation of fauces; pain in left inguinal region; right eye sore.

January 6.—In morning mouth dry and bitter ; tongue coated heavily brown ; hard pain in liver ; sharp pain in left hypochondrium ; back quite lame in lumbar region, also sacral region ; stomach feels badly ; am chilly ; bowels natural ; buzzing in ears ; soreness in left inguinal region, extending down the spermatic cord, producing or accompanied by nausea ; both eyes smart, right one worse, most on edge of upper lid ; hands feel weak ; right leg from knee to foot feels numb and weak ; pain across the back in region of the liver ; aching pain in left hand ; knees weak ; dizzy, inclined to go to the right when walking ; left knee painful ; both eyes smart badly ; sexual desire greatly diminished ; not the least appearance of hæmorrhoidal tumor.

January 7.—In the morning mouth is dry and bitter ; tongue is coated ; eyes are sore and smart, and are gummed up ; sharp pain in the liver, extending to the nipple ; dull pain across the back in the region of the liver ; knees weak. At 8:30 A. M. sharp pain in right knee. At 10 A. M. pain in left hypochondrium. At 1 P. M. pain in left hand and right knee ; knee seems sore, which is aggravated by walking ; occasional cramping pains in back side of legs, worse above the knees ; itching in left internal ear ; dull, stupefying pain in both temples, as if from severe pressure, relieved by pressure, but when the pressure is removed the pain returns, and is more and sharper ; tip of tongue sore ; itching over right scapula, the first for a number of days ; tearing pain in right knee ; dull pain in left hypochondrium.

January 8.—In morning mouth dry ; pain in both temples ; knees weak ; throat irritated. At 11 A. M. discharge of bright blood from left nostril ; itching of rec-

tum ; pain below the right tonsil, extending to the right ear, quite severe ; during afternoon and evening throat quite sore.

January 9.—In morning mouth dry, throat better. At 11 A. M. throat and right ear quite painful ; pain in right hand ; itching over left scapula, then over right ; in evening, burning at stomach ; right eyelid sore all day.

January 10.—In morning mouth clammy ; dull pain in left temple. At 7 A. M. took 25 drops 1st decimal dilution ; right eye sore on both lids, but does not look sore. At 9 to 9:30 A. M., smarting and stinging of fauces. At 1 P. M., chilly, as though I had taken cold, when sitting by a hot stove. At 5:30 P. M., sharp cramping pain in pit of stomach, followed by raising, belching and gulping enormous quantities of tasteless wind, for fifteen minutes, followed by hiccough and discharge of flatulence from the bowels ; hiccough, with simultaneous involuntary discharge of flatulence from the bowels, with shuddering, after a light supper ; burning and smarting at the stomach all the evening ; both eyes smart badly ; sharp pain in right knee ; left knee quite lame for some time, then the pain ceased and the left ankle was painful ; diminished sexual desire ; genitals cold ; fullness at the stomach ; sharp pain in corn on second toe of left foot. At 10 P. M. took 25 drops of the 1st decimal dilution ; pain in knees ; burning at stomach.

January 11.—In morning mouth bitter and clammy ; tongue feels as if it was burnt on the sides ; eyes sore, lids stuck together ; back, in region of liver, so lame it is almost impossible to turn in bed, relieved by moving around the room ; soreness of sacral region ; distress and burning at the stomach. At 7:30 A. M. took 25 drops 1st

dilution; knees weak; frequent pains in right knee at head of tibia. Cramping pain in right sacral region; several times during the day, chilly, as if had taken cold; occasional pains in knees; stinging in fauces; during evening, sourness and burning in stomach; posterior fauces sore and smart, and look as if the skin had been peeled off; eyes sore and smart; water runs from right eye, and smarts so badly I have to keep it closed most of the time; sharp pain extending from epigastrium to left nipple; dull pain in right temple; itching over both scapulæ; genitals relaxed and cold; bad smell in nose. At 11:30 P. M. took 25 drops 1st dilution.

January 12.—In morning mouth dry and bitter and sore; eyes sore and gummed up; pain in left knee; pain in region of heart, with faint feeling. At 1 P. M. pain in left hand; knees weak, difficult walking; eyes sore, water runs from right one, and is troublesome. At 5 P. M. took 50 drops 1st dilution; during distress and fullness of stomach, had to unfasten my clothes; burning at stomach; eyes smart; posterior fauces dry and smart. At 8 A. M. look red; hard pain at angle of lower jaw, right side; twisting pain in left temple; much sneezing every day. At 9:30 P. M. took 50 drops 1st dilution; dull pain in liver.

January 13.—In morning mouth dry and bitter; saliva runs from mouth when asleep (never had this symptom before to my knowledge); eyes stuck together and sore; knees weak; pain in region of heart. At 7:30 A. M. took 50 drops 1st dilution; at 8 A. M. hard pain in right knee. At 2 P. M. sharp pain in left temple; right knee weak and lame. At 2:15 P. M. right elbow painful. At 2:30 dull pain in both temples. At 3 P. M. sharp cutting

pain in liver ; pain in left wrist, as if sprained. At 8 P. M. burning and smarting of fauces ; from 10 P. M. to 11 P. M. eyes smart and feel as if some large smooth substance was in them ; at 12, midnight, dull, tearing pain in right hip, hindering walking.

January 14.—In morning mouth very dry and bitter ; pain in region of liver ; during forenoon right knee weak and painful ; both eyes feel as if some foreign substance was in them, worse at times, right one worse. At 7 P. M. sharp pain in left hypochondrium and right elbow ; tip of tongue sore ; at 5 P. M. sharp pain at epigastrium. At 7:30 P. M. sharp pain at epigastrium. At 8 P. M., sharp, severe, twisting, darting pain in left side, commencing just below the axilla and extending to the nipple and about the ninth rib, and deep into the lung, almost arresting breathing several times. At 8:30 P. M. posterior fauces very dry. At 9 P. M. left leg feels numb and heavy, as if asleep ; sharp, stitching pain in left axilla ; stinging pain in fauces ; grinding pain in both knees and right elbow. At 10 P. M. eyes smart and feel as if full of sticks. At 10:30 P. M. took 25 drops 10th dilution.

January 15.—In morning mouth dry, yet full of slimy, sticky mucus ; hurried desire for stool, driving me out of bed ; loose, offensive stool ; sharp, deep pain below the left axilla, arresting breathing ; knees weak ; sharp pain in upper front teeth ; stomach feels badly. At 7:45 A. M. took 25 drops 10th dilution. At 10 A. M. sharp pain in region of heart ; occasional sharp pain in knees ; constriction of glottis, as if I was choking, or as if it was swollen or something was tied around my throat ; sharp pain in dorsal region. At 2 P. M. sharp pain in right knee ; itching

over both scapulæ; pain in dorsal region; burning itching of left leg, outside near the ankle; throat dry. At 7 P. M. itching over right scapula; pain in dorsal region. At 8 P. M. right leg numb and heavy, as if asleep; knees very weak; itching over both scapulæ, worse on right. At 8:30 P. M. posterior fauces sore. At 9 P. M. fauces dry and sore, swallowing difficult; both knees painful; a twisting pain in right temple. Left ankle lame and painful; hacking cough from tickling low down in throat; belching of wind, but the throat is so dry that it stops the wind. At 10 P. M. took 25 drops 10th dilution; pain in left hypochondrium; cramping pain in both knees.

January 16.—In morning mouth dry and bitter, tongue sticks to the roof of my mouth. At 10:30 A. M. took 25 drops 10th dilution; a little bruise on right knee caused so much pain I did not notice other symptoms or pains. At 8 P. M. sharp pain in middle of left radius; pain in right hip; sharp pain in left hypochondrium; sharp pain in right hypochondrium. At 9:30 P. M. took 50 drops 20th dilution.

January 17.—In morning mouth dry, back lame; pain in right elbow and right hand; pain at epigastrium; pain in both elbows. At 7 A. M. hard pain in right temple. At 8 A. M. hard pain in left temple. At 9 A. M. pain in both temples, aggravated by walking or stooping, dreadfully offensive stool, it caused a faint sensation; relieved in open air.

January 18.—In morning mouth dry and sore; tip of tongue sore; pain in both sides of the head; dorsal region quite lame, relieved by motion; sharp pain directly over the eyes. At 1 P. M. dull, heavy pain directly over

the right eye, extending to the temporal region; roof of mouth sore. At 9 P. M. left leg goes to sleep easily; cramping pain in back side of left leg, midway from hip to knee; same kind of pain in same place, right leg; itching over both scapulæ, worse on right; both eyes sore and smart, right one worse. At 10 P. M. took 100 drops 10th dilution; sharp pain in both temples; pain in liver after lying down in bed.

January 19.—Awake in morning quite early, with pain in bowels; sharp pain in hypochondrium with urgent desire for stool, driving me out of bed; severe stool with a great deal of straining and burning in rectum; immediately after retiring to bed had a pain in the bowels, with desire for stool, relieved by rubbing my bowels with my hand; an hour and a half later a hurried desire for stool, with small loose stool, with much straining and burning in rectum, with shuddering; an hour and a half later another stool, with less pain and less straining; burning at the stomach; dull pain in top of left shoulder; itching over lower portion of left scapula; knees very weak.

January 2.—In morning mouth bitter. At 8 A. M. sharp pain in center of right lung; cutting pain in hypochondrium; cutting pain all through the bowels; sharp pain over the right eye; the right knee, which was bruised three days ago, is quite lame and painful, but no more painful than the left; eyes full of tears in the open air, cannot see plainly; both knees weak; pain in both temples; nose stopped up.

January 21.—Before breakfast, hard aching pain in epigastrium; sharp pain in right elbow. At 2:30 P. M. sharp pain in left temple. At 10 P. M. violent itching

over left scapula and left side; hard aching pain in the back central portion of right lung.

January 22.—Dreamy sleep; three loose stools; knees are weak; intense itching of palm of right hand. At 3 P. M. pain in left temple; itching of right nostril; itching over left scapula; distress at stomach, belching of wind; sour burning at stomach; sharp pain in stomach; cramping pain in right hand; left knee painful; sharp pain in left "tendo-Achilles," that made me hold my breath. At 10 P. M. took 25 drops of 20th dilution.

January 23.—In morning mouth bitter and dry; tongue sticks to the roof of my mouth; hard pain in back portion of left lung; both knees weak and painful; sore feeling at stomach. At 2 P. M., took 25 drops of 20th dilution. After taking the medicine the mouth feels smooth and is very bitter, even to cause shuddering; three very offensive, bilious stools. At 5:30 P. M. left ankle very painful — could not sit still; sharp, twisting pain in right temple; sharp pain in left hypochondrium; right hand painful; itching of rectum; sexual desire all gone, genitals cold and relaxed; no erections for many days; sharp pain in region of heart; hard pain in region of stomach; loud rumbling in the bowels for several days; knees so weak going down stairs is quite troublesome — worse than going up stairs — the pain is at the head of the tibia; left ankle weak; head dizzy and inclined to go to the right; pain in temple; pain from over right eye to occiput; balls of wax fall out of the right ear; sensation in front of both ears, as if I would vomit; eyes smart. At 10:15 P. M. took 25 drops of 20th dilution.

January 24.—In morning mouth dry and bitter; back lame; knees weak and painful; dull pain in right temple; discharge of very offensive flatulence from the bowels. At 2:30 P. M. tongue feels as if it was burnt. At 2:30 P. M. took 50 drops of 20th dilution; severe itching over right scapula; itching between the scapulæ; both eyes itch and smart badly at the same time; pain in region of liver; knees weak and painful; hard pressing pain just over the internal angle of the right eye; severe itching, commencing over the right scapula and extending over the whole body, worse on the arms; front under teeth sore and painful. 10 P. M. took 25 drops 20th dilution; sharp, sore pain in right axilla; sudden itching over right scapula; pain in left ear; pain in left, then right, inguinal region; strong itching of left ankle, then right, on front side.

January 25.—In morning mouth bitter; feels as if it was burnt; knees weak and painful; hips lame. At 7 A. M. took 25 drops 20th dilution; knees weak; diarrhoea in afternoon, each stool smaller than the preceding one; stools loose, slimy, with straining and pain in rectum. At 7 P. M. discharge of large quantities of flatulence from the bowels. At 7:30 P. M. hard pain through the back, central portion of right lung; itching over both scapulæ; pain in region of heart; pain at head of left fibula into the knee. At 9 P. M. both knees so weak it is difficult walking; sharp pain over left eye; dull pain in right temple; burning in stomach; dull pain in back of head. At 10:35 P. M. took 25 drops 20th dilution.

January 26.—In morning mouth bitter and very dry; wringing, twisting pain in hypogastrium; dull pain in

head; eyes smart; burning in stomach and left hypochondrium. At 3 P. M. sharp pain in right lumbar region. At 3:30 P. M. pain in right temple. At 4:30 P. M. both knees painful, right one worse. At 4:45 P. M. took 25 drops 20th dilution. Soon after taking the medicine, violent sneezing with dizziness. At 6:30 P. M. cough caused by irritation of right side of throat; hard pain in top of left shoulder; knees weak and painful, most pain in inner and posterior side of right one; severe itching over right scapula, slight over left; also, on right hip and left thigh and left hand. At 7:30 P. M., sharp twisting pain in left temple, with dull pain in right. At 9 P. M. feel chilly and bad; a small place on back side of left thumb, midway between first and second joint, very painful, but no redness, swelling, nor soreness to the touch.

January 27.—In morning mouth dry and bitter. The place on thumb has been quite troublesome, and is this morning, and hurts me badly, still it is not sore to the touch nor swollen; back, in lumbar region, quite lame and painful; worse on right side; cutting pain in bowels; hard pain in rectum; faint, offensive stool, almost impossible to endure a minute; knees weak. At 2 P. M. sharp pain in left eye—am obliged to close it, relieved by pressure; right hip lame every day, as if the glutei muscles were too short, aggravated by walking, relieved by rest; pain over the eyes, sometimes one, sometimes the other; sharp pain over right eye; left thumb painful all day, but no soreness or redness; itching of left internal ear every day; very uncomfortable itching over right scapula; itching over left scapula; stinging itching of left leg, below the knee; itching of various parts of the body and limbs; sourness of stomach. At 10:45 P. M. took 25 drops of the 20th dilution.

January 28.—At 3 A. M. mouth dry and bitter; back lame; dull pain in both sides of the head, in front and behind the ears; pain in left leg below the knee; right leg lame whole length; stomach sour; pain in left arm; bowels feel distressed all day, with frequent discharges of flatulence; frequent desire for stool; itching over scapula; itching of rectum. At 10:30 P. M. took 25 drops 30th dilution, followed by cramping pain in the stomach, bowels and legs; bad, faint feeling after going to bed.

January 29.—In morning mouth dry and bitter; very offensive stool. At 10 A. M. severe pain in middle of right fore-arm. At 1 P. M. hard, sharp pain in right temple. At 2 P. M. inclination to cough, from irritation deep in the throat; itching of right eye; knees so weak I have to place my hands upon them to rise from a seat; twisting sensation in region of gall bladder; feel dizzy. At 6 P. M. hard pain in left hand; pain in left elbow; pain in region of liver; violent itching over right scapula; itching of various parts of the body and limbs; very sharp pain just above the heart, below the nipple; pain in right hand. At 10 P. M. dull pain just below the left nipple; dull pain in left fore-arm. At 10:15 P. M. took 25 drops 30th dilution; itching over right scapula; knees weak; continued inaction of the genital organs; cramping pain in the stomach, bowels, arms and legs after going to bed; hard, dull pain in head; impossible to sleep for some time; severe, sharp pain in right knee.

January 30.—In morning mouth bitter and clammy; pain in bowels; hard pain in left temple and fore-arm; pain in bone of left leg, below the knee. At 9 A. M. gripping pain at navel; sharp pain in left lumbar region,

aggravated by stooping, hindering motion ; sharp pain in left leg, hindering walking ; lumbar region lame all day, worse on stooping or pulling, (holding my horse ;) knees very weak and painful ; pain in right thigh. At 9 P. M. violent itching of palm of right hand for a minute, this symptom occurred several times, which I did not note ; sharp pain over right eye ; hard grinding pain in right hand. At 9.30 P. M. biting, itching over right scapula ; itching over both scapulæ ; hard pain in center of left lung, back side. At 10 P. M. took 25 drops 30th dilution.

January 31.—In morning mouth bitter and clammy ; hard boring pain from forehead to occiput ; pain in knees ; back very lame ; inclination to cough. At 8 A. M. violent attack of coughing from tickling low down in throat, can but just get my breath, cannot walk ; severe pain at lower end of sternum ; when coughing, the cough gives such a pain at lower end of sternum that I can hardly move, followed by a hard pain in front of right ear, then in both ears, as if the head would burst ; profuse, frothy expectoration, that seems to come from the head ; sour burning at the stomach. At 2 P. M. pain over the right eye. At 2:30 itching over both scapulæ ; sudden stinging pain in right tonsil. At 5 P. M. sensation as of a bee sting on outside of left ankle ; pain over right eye. At 8 P. M. pressing pain from front to back of head, as if I should become unconscious ; very strange feeling, head inclines to fall backward ; hard, dull pain in left hypochondrium ; head feels heavy, with pain between the eyes and both sides of the head near the top of the ears. At 9 P. M. dull pain in the forehead ; sharp pain over right ear ; hard, grinding pain in upper portion of right tibia ; constant watery discharge from left nostril ; itching over

right scapula ; pain from nose and forehead to occiput ; want to keep the eyes closed ; sharp pain in left ear ; head feels heavy, resting my head on my hand it seems as if it would crush the hand, it is so heavy ; feel inclined to cough, from tickling in my throat ; knees weak, left one worse ; twisting, cramping pain in left side, below the axilla ; belching of wind ; hard, drawing, darting pain in left inguinal region ; hard pain through the right lung, just below the nipple, as if it would arrest breathing, but is relieved by a deep inspiration ; sore, darting pain in left inguinal region ; no sexual excitement ; eyes smart.

February 1.—In morning mouth dry and bitter ; pain in the bowels early in morning ; pain in head ; knees weak ; itching over both scapulæ all day and evening. At 9 P. M. both eyes smart ; dull pain in left thumb ; hard pain in right wrist ; left knee painful.

February 2.—In morning mouth slimy and sore after eating ; cramp in right leg, back side ; pain in right temple ; pain in left lung ; pulling pain in left inguinal region ; itching over both scapulæ ; pain in both knees ; violent itching between shoulder blades, in evening. At 9 P. M. a very sharp pain through the left side of chest and little above the nipple and toward the sternum, arresting breathing ; stinging, itching over and between the scapulæ ; gums and roof of mouth sore.

February 3.—In the morning mouth dry and bitter ; roof of mouth sore ; hard pain in the head ; cramping pain in knees ; knees weak ; itching over both scapulæ in the evening, worse on the right.

February 4.—In the morning mouth dry and sore ; cramping pain in both knees, on back side ; cramping pain all day in right thigh, back side, the muscles seem too short, it is painful when walking ; itching in both ears in the evening ; burning, itching over both scapulæ, worse on right ; stomach slightly sour with burning.

February 5.—In morning mouth dry ; pain in bowels ; pain in head and legs much better ; almost irresistible desire for stool while eating breakfast and dinner ; during the day several small, dark, offensive stools ; sudden desire for stool at 8 P. M., two evenings in succession, with small stools and much flatulence ; involuntary discharge of slimy mucus from the anus.

February 6.—In the morning mouth dry and slightly sore ; eyes itch ; head, knees and legs nearly well, but pain in bowels. Frequent desire for stools ; some diarrhoea ; much rumbling in bowels. At 12 midnight, while urinating, sudden desire for stool, with loose stool.

February 7.—In morning mouth dry and bitter ; pain in front part of head, it all went over the right eye, then disappeared ; in forenoon pain in epigastrium. At 1 P. M. hard dull pain in right temple ; frequent discharge of flatulence from bowels with pain in bowels, and almost constant desire for stool ; the pain is mostly in the hypogastric region.

February 8.—Frequent desire for stool all day. At 2.30 P. M., sharp, twisting pain in region of liver ; in the evening the eyes smart ; itching between and over both scapulæ ; cramping pain in left hypochondrium ; left eye aches.

February 9.—Hard aching pain in inside of right knee several times during the day; cutting pain in region of liver; in evening cutting pain across hypogastric region; slight pain in left inguinal region; one stool to-day and no pain in bowels or head; itching over right scapula in evening.

February 10.—Slight pain in knees and itching over both scapulæ; eyes smart; all slightly.

February 11.—Symptoms same as yesterday, with bitter mouth.

February 12.—In morning mouth dry and bitter; occasional pain in joints; for two or three days a faint distressing sensation as if it comes from the heart.

February 13.—Feel languid and bad; in evening very dizzy and dull pain in head; eyes smart, left one worse.

February 14.—In morning, dull, dizzy headache; during the day various slight pains. At 10 P. M. pain on under side of right great toe, as if a pin was driven into it, it made me jump and shake the foot; all the evening dull cramping pain at the head of left fibula.

February 15.—At 11 A. M. cramping pain in right knee, so severe I could not go up stairs without pulling myself along with my hands.

February 16.—Early in the morning sharp pain in region of heart, arresting motion; a lame pain in left hypochondrium for a half-hour, aggravated by motion; in the evening eyes itch and smart.

February 17.—At 8:30 A. M. sharp pain in right eye.

February 18.—In morning mouth dry and sore, during the forenoon; eyes troubled me but little to-day.

February 19.—Have noticed no symptoms to-day that I could attribute to the medicine, unless it was a sharp pain in right temple for half a minute at 9 P. M.; for several days later I had occasional pains in head, knees, etc.

SECOND PROVING.

August 18, 1868.—At 10 A. M. took 50 drops of the 10th dilution.

August 19.—Early in morning burning in epigastrium and left hypochondrium, and across the dorsal region; pain in both knees on going up stairs. At 10 A. M. sharp pain in angle of lower jaw, left side; eyes smart and so weak could not read quite coarse print; pain between the eyes and over right eye all day, so severe in the afternoon I could not endure it, and had to resort to medicine in order to attend my patients. One dose of Glonoine 3d relieved it in a few minutes.

August 20.—At 4 A. M., when walking, a sharp, severe pain on inside of left knee; after walking a little way the pain all went to the inside of the right knee, at the head of the tibia.

August 21.—At 2½ and 5 A. M. pain in under side of left fore-arm. At 7 A. M. pain in calf of right leg. At 6 P. M. right knee quite painful when walking.

August 22.—At 11 P. M. took 50 drops 10th dilution.

August 23.—At 11 A. M. very sharp, cramping pain in right tendo-Achilles. At 3 P. M. cramping, distressed pain in left hypochondrium; cramping pain in right knee. At 5 P. M. cutting pain just above left elbow. At 10 P. M. took 50 drops 10th dilution.

August 24.—At 6 A. M. dull pain in lumbar region; lameness of dorsal region; distress at left hypochondrium. At 6:30 A. M. grinding pain at angle of lower jaw, left side; cramping, aching pain in left spermatic cord, extending to the testicle; both knees weak and painful; tickling low down in the throat, causing a deep cough; pain in both temples. At 10:15, sharp, cramping pain in right tendo-Achilles; pain in both knees; pain in left elbow. At 12 M. itching of rectum; pain in both temples, worse in right; diarrhoea. At 9:30 P. M. lumbar region quite lame.

August 25.—At 11:15 P. M. took 50 drops 30th dilution; in 20 minutes distress across and in upper portion of chest, producing difficult breathing, relieved by a deep inspiration.

August 26.—At 8 A. M. dull pain in both temples; mouth very bitter and dry; sharp pain in right knee. At 5 P. M. sharp pain in front part of left knee; hard, dull, aching pain in both sides of head, above and in front of the ears. At 9:30 P. M. sharp pain in right temple; left knee painful.

August 27.—Pain in left temple. At 4 P. M., sharp, grinding pain in right metatarso-phalangeal joint, which soon disappeared, and soon appeared on top of foot and leg, half way to the knee, lasting some time; biting, stinging of the tip of the tongue.

August 28.—At 6 A. M. hard, rather sharp pain in the left temple; pain on both sides of the head, feels as if a band was tied around the head, head feels cold; sharp pain in right knee, both knees painful; elbows painful; after supper, griping pain below the umbilicus. At 10

P. M. sharp pain came suddenly in outside of right foot, then in leg up to the knee ; itching over right scapula.

August 29.—Early in the morning, sharp cutting pain in lower portion of bowels ; hurried desire for stool, driving me out of bed ; loose, mushy stool ; in 20 minutes desire for stool, with straining, but no stool : half an hour later, soft, dark stool ; chilly during forenoon ; pain in right temple, pain and diarrhoea relieved by *Veratrum album* 2nd ; in evening, violent itching of internal corner of left eye ; for one week had occasional sharp, cramping pains in legs, mostly near the right knee, also a sharp, cramping pain very often in left portion of left hypochondriac region and right side of right hypochondriac region.

September 5.—At 10 P. M. took 50 drops 10th dilution.

September 6.—In morning, mouth dry and bitter, worse after eating ; during day frequent cramping pains in both hypochondriac regions. At 9 P. M. sharp, squeezing pain in right temple. At 10:30 P. M. took 50 drops 10th dilution ; eyes sore.

September 7.—Pain in both knees, in both hypochondriæ and in the back.

September 8.—Pain in right shoulder ; pain in legs ; pain in the knees ; itching over right shoulder ; eyes sore ; very chilly after going to bed.

September 9.—In morning mouth dry and bitter ; sharp pain in right lumbar region ; sharp cramping pain in back side of right knee, extending down back side of leg ; dull, aching pain for several days in right groin, much worse to-day ; extends down on inside of leg and makes me quite lame ; both knees painful ; jumping pain

in left upper teeth ; sharp, darting pain behind left ear, extending in front of ear and to angle of jaw ; dull pain in both temples ; darting pain in teeth on left side.

September 10.—In morning, sharp pain in right temple and over the right eye, occasionally darting through to the left temple ; sharp pain in left heel ; mouth dry and bitter ; soreness in right groin nearly all gone in the morning, but worse on moving ; darting, cramping pains in various parts of the body and limbs ; sharp, cramping pain in left knee at 10 P. M.

September 11.—Eyes have been sore for several days, feel as if some large, smooth substance were under the upper lids.

September 12.—At 7 A. M. sharp twisting pain in left occipital region, relieved by rubbing. At 9:30 P. M. took 75 drops of 15th dilution.

September 13.—Awoke in the night with a faint, numb feeling, sitting up in bed increased the faintness, lying down increased the numb feeling, lying upon the back and pulling the hair in front of both ears for some time relieved it. At 7 A. M. sharp, cramping pain in right elbow. At 6 P. M. lameness of lumbar region ; sharp pain in epigastrium, relieved by sitting erect ; right knee lame and painful ; hard pain in left temple and angle of jaw ; scrotum cold and moist ; penis cold and no erections for several days.

September 14.—At 2 A. M., sharp, darting pain in right heel, darting to the body, soon passing off, leaving a hard pain in right knee ; in morning eyes smart and look red. At 8 A. M. urgent desire for stool with sharp cutting pain in umbilical region, extending to the rectum,

with shuddering during stool, and chilly after stool, 32 hours after taking the medicine. (The discharges from the bowels occurred usually about 32 hours after taking large doses of the dilutions higher than the 7th or 10th). At 8:45 sharp pain over right eye ; desire for stool. At 12 m. hard aching pain in right knee, relieved entirely by one dose of *Iris versicolor* 3d. For two days no symptoms appeared, then for one week had frequent, hard, cutting pains in epigastrium, sometimes very severe, also, sharp pains in right temple and right knee ; almost constant itching of the rectum. At one time it seemed as if the old piles cured by the first proving would return, but fortunately did not.

September 24.—At 2 p. m. took 50 drops 15th dilution ; in five minutes took 10 drops *Camphora* 3d, to see if it would antidote the *Dioscorea*, but it seemed to increase rather than diminish the effect. For half an hour felt sick at the stomach ; during the afternoon had sharp pain in the bowels and temples ; a very sharp pain in left occipital region ; during the evening severe pain in the bowels with discharge of large quantities of flatulence.

September 25.—Early in the morning urgent desire for stool, driving me out of bed ; during forenoon, severe pain in occipital region, worse on right side ; pain in temples ; dull pain in the bowels ; after dinner, dull pain in head, worse on back side ; in evening, sharp cutting pain in bowels, aggravated by walking ; at times a very severe cramping pain in right occipital region. At 11 p. m. pain in right temple ; cramping pain in left knee, posterior side ; lumbar region quite lame, with pain in left inguinal region.

September 26.—At 9 A. M., when walking, a severe, cramping pain at head of left fibula; was very painful, hindered me from walking. Occasionally in the forenoon and quite frequently in the afternoon, a severe, cutting, cramping pain in epigastrium, with a faint feeling as if a diarrhoea would come on, very distressing, extending to near the umbilicus; dreadfully troubled with incarcerated flatulence; dull pain in back of head; knees weak and painful; back painful and lame; bowels feel sore, aggravated by walking.

September 27.—Bad, distressed feeling in stomach all day, at times sharp and cutting, worse by stooping, at times had to walk around the room to get my breath; very bad after riding or walking, when sitting down; pain in head, cramping pain in knees; knees weak and lame; stools almost white.

September 28.—Very frequently during the day, a dreadful, sinking, cramping, cutting sensation at the epigastrium and upper portion of the bowels, relieved by standing erect, or by pressure, almost arresting walking or breathing; sensation as if a diarrhoea would come on; could taste food for ten hours after eating; knees weak and painful; genitals cold and almost insensible; no erections for many days; dreadful distress in stomach and bowels; had to resort to medicine to attend to any business.

XX.

RESUMÉ.

SPECIAL INDICATIONS.

- 1—Pain in either temple, worse in right; also in back or front of head. One or both eyes sore.
 - Mouth dry, bitter or sore, worse in the morning.
 - Sharp pain in either lung, worse in region of the nipple, arresting motion or breathing.
 - Pain in stomach either sharp, dull, cramping or twisting, worse by stooping, relieved by standing erect.
- 5—Severe pain in either hypochondrium, either sharp, dull, cramping or twisting.
 - Bowels sore and distressed; sharp, cutting, cramping pain in bowels.
 - Back in dorsal or lumbar region lame; aggravated by stooping.
 - Sexual desire increased, or greatly diminished.
 - Genitals cold and relaxed.
- 10—Emissions of semen during sleep, or no erections for many days.
 - Knees quite lame, weak or painful.
 - Cramping pain in legs, whole length.
 - Itching of ankles.
 - Ankles painful, (c).

15—Rheumatic symptoms worse at night and early in the morning.

At first the pains are aggravated by motion, afterwards motion relieves.

Morning diarrhoea, (*b*).

MORAL SYMPTOMS.

1—Nervous, easily troubled; or nerves uncommonly steady.

Feel cross, desire to be alone.

Company is disagreeable.

Conversation is troublesome.

5—Feel tired; still keep walking around the room.

Great depression of spirits.

HEAD.

Dull feeling in head.

Dull stupefying pain in both temples.

Dull, dizzy feeling in head.

10—Dull confused feeling in head during stool.

Dull pain deep in center of head.

Severe dull pain in back of neck, extending to head and shoulders; worse on left side.

Dizzy, severe, deep-seated pain in left occipital region.

Dull pressing pain in front of both ears.

15—Pain in both temporal regions.

Sharp pain behind right ear.

Sharp, deep-seated pain behind right ear.

Dull pressing pain in front of both ears.

Dull pressing pain in both temples, relieved at once by pressure.

20—Dull pain in head.

Dull pain in frontal region.

Dull pain from occipital to frontal region.

Dull stupefying pain in both temples, as if from pressure; relieved at once by pressure, but when the pressure is removed the pain is sharper and worse than before.

A pressing pain from front to back of head, as if he would become unconscious.

25—Pain in front of head and temples as if the top of the head were lifted up.

Dull pain in both temples after dinner.

Severe pain in both temples and front of head; head feels cold.

Head feels heavy, with pain between the eyes and near the top of both ears.

Faint, numb sensation.

30—Faintness is increased by sitting up in bed; numbness increased by lying down.

Head feels as if a band was tied around it.

Dizzy, inclined to go to the right when walking.

Pulling pain in occiput.

Hard sharp pain in right temple. Sharp pain behind right ear.

35—Sharp darting pain in right temple.

Head after breakfast feels tight, as if squeezed.

Pulling pain in front of both ears, such as precedes vomiting.

Sharp pain in both temples, not changed by walking, riding, or shaking the head.

Sharp pain in left temple with nausea and chills, beginning on back, worse over left scapula.

- 40—Sharp, digging pain in left temple.
Pulling pain in occiput, causing a stupid sensation ;
feel confused ; call things by wrong names.
Belching large quantities of wind, with a sensation
as if both temples were in a vise.
Frequent dull, then stabbing pains in left temple ;
feel dull and stupid.
Sharp pain over left eye.
- 45—Severe pain in front and left side of the head, over
the eye.
Hard pain behind left ear.
Twisting pain in front of left ear, causing a numb
sensation of the head.
Head feels strange, inclined to fall backwards, (*c*).
Constant, dull, frontal headache, more in the top of
the forehead.
- 50—Very severe frontal headache.
Sharp, cutting pain in right temple, (*b*).
Giddy, confused feeling in head.
Vertigo and giddiness, with heat in the head, with
sharp, cutting pains in right side of the forehead,
extending to the ears, a remittent pain, aggravated
by pressure, (*n*). Fullness in the head, speed-
ily followed by some spasmodic pain in the abdo-
men, (*m*).

EYES.

- Itching of both eyes.
- 55—Smarting of both eyes, right one worse.
Internal angle of eyes worse than external.
Eyes stick together in the morning.

Eyes feel as if some large smooth substance was in them.

Eyes feel as if dust or lashes in them.

60—Discharge of hot water from the eyes.

Stye on lower lid.

Sharp pain in left eye.

Sharp pain in ball of right eye.

Both eyes weak, sore, and smart badly.

65—Eyelids stiff; hard pain just below angle of right eye.

Sharp pain in right eye, extending to occipital region.

Sore on under lid of right eye, like a stye.

Both lids of right eye sore, but do not look sore.

Eyes smart badly in the evening; smarting of internal angle of both eyes.

70—Both eyes sore and smart badly.

Eyes do not look sore.

Eyes feel as if sticks in them.

Eyes smart so badly that it seems as if hot air came out of them and passed down over the cheeks.

Water runs from the right eye, and smarts so badly that he has to keep it closed most of the time.

75—Eyes gummed up in the morning.

In open air so full of tears he can not see plainly.

Wants to keep the eyes closed.

EARS.

Itching of internal ears; ears feel stopped up.

Hard pain behind left ear; hard pain in front of both ears.

80—Itching of left internal ear.

Itching of right internal ear, worse than in left.

Loud ringing in ears.

Small balls of wax drop out of the right ear almost every day.

Both ears suddenly stopped up.

85—Both internal ears sore to the touch.

Buzzing in ears.

NOSE.

Irritation of nasal passages.

Sneezing.

Discharge of water from left nostril, with smarting of fauces.

90—Nose sore on left side.

Nose sore on right side and top.

Sore place on nose quite painful, but no redness or swelling.

Discharge of bright red blood from left nostril, followed by one dark clot, then spitting of blood.

Right side of nose sore and swollen.

95—Inside of nostrils sore.

Constant bad smell in nose, as from bilious fever or bilious dysentery.

Dryness of nose, with bad smell.

Any offensive smell remains a long time in the nose.

Nose inclined to be stopped up.

100—Much sneezing every day.

Constant discharge of water from the left nostril.

FACE.

Little pimples with black heads disappear during the proving.

Sharp pain in left cheek or lower portion of temporal region.

Drawing pain at angle of jaw, left side.

105—Hard aching pain in left side of face, extending to the neck.

Neuralgic pain in the temples. (N)

MOUTH AND JAWS.

Sweetish taste in the mouth.

Mouth bitter and sticky in the morning.

Tongue dry and stiff in the morning, worse on the sides.

110—Mouth bitter in the morning.

Mouth dry and sore in the morning.

Tongue coated in the morning.

Tongue coated slightly brown.

Tongue coated heavily brown, and sore on sides.

115—Tip of tongue sore when eating.

Tongue sore on sides near back molar teeth, making talking difficult.

Pain in front teeth and burning of the mouth and fauces.

Roof of mouth sore.

Gums on inside of front upper teeth swollen.

120—Soreness of gums extending to the roof of the mouth.

Corners of mouth sore; sore pain at angle of jaw, left side.

Saliva runs out of his mouth when asleep.

Pain in upper front teeth; pain in lower front teeth.

Spasmodic closing of the jaws, biting the tongue, when neither eating nor talking.

125—Mouth dry but no thirst.

Tongue feels as if it was burnt on the sides.

Sharp aching pain in right upper molar tooth
(which had been filled for years) as if a bare
nerve had been touched.

Stinging in mouth and fauces.

Tongue sticks to the roof of the mouth. (c)

130—Tongue coated yellowish white.

Flat pappy taste in mouth. (B)

THROAT.

Irritation of fauces.

Burning and smarting of fauces.

Posterior fauces smart and feel as if the skin was
off.

135—Burning of left tonsil and left side of throat.

Itching of left tonsil.

Pulling pain in left tonsil.

Stinging in right tonsil.

Throat sore, with hoarseness.

140—Pain on back and right side of throat, causing a
choking sensation.

Throat seems sore, but is not.

Pain in both parotid glands, extending to the
throat.

Irritation of left side of throat, extending to ear
and larynx.

Irritation of larynx with inclination to cough.

145—Constant desire to swallow, but it causes nausea.

Hard aching pain in left parotid gland.

Difficult swallowing.

Constriction of glottis, as if he were choking, or
as if something was tied around the throat. (c)

Dryness of the fauces, with frequent inclination to
swallow.

- 150—Roughness of fauces.
Tonsils slightly congested. (B)

TASTE AND APPETITE.

- Sweetish taste in the mouth.
Diminished appetite.
Bitter taste in the morning.
155—Bloody taste in the mouth every day.
Flat, pappy taste.
Disgust for food, with nausea.
Bitter and clammy taste. (N)

STOMACH.

- Uneasy feeling at stomach.
160—Sharp pain in stomach, relieved by eating.
Uneasy feeling at epigastrium.
Sharp pain at epigastrium.
During forenoon, pain in epigastrium.
Sharp pain in epigastrium, extending to left hypo-
chondrium, lasting one hour.
165—Hard pain at epigastrium.
Pain and soreness at epigastrium.
Very sharp pain in epigastrium, causing me to
bend over.
Sharp pain at epigastrium, relieved by standing
erect, aggravated by stooping.
Sharp, cramping pain at pit of stomach, followed
by raising, belching, and gulping enormous
quantities of tasteless wind for fifteen minutes,
then hiccough, and discharge of flatulence from
the bowels; hiccough with simultaneous, invol-
untary discharge of flatulence from the bowels,
with shuddering, after a light supper.

- 170—Sharp, cutting pain in stomach, extending to umbilicus.
Bad, distressed feeling in stomach all day, at times so sharp he had to walk around the room to get his breath.
During the day very often a dreadful, cutting, cramping, sinking sensation at epigastrium and upper portion of bowels, relieved by standing erect or by pressure.
Sharp, cramping pain across the epigastrium, preventing motion.
Sharp pain in left hypochondrium.
- 175—Frequent sharp pains in liver.
Soreness and pain at epigastrium.
Aching pain at epigastrium and left hypochondrium.
Dull pain in epigastrium.
Hard, sharp pain in region of gall bladder; aching pain at left hypochondrium, and faint feeling at stomach.
- 180—Belching of large quantities of wind, relieving the distress at stomach for a minute.
Sour stomach, belching of sour water, and belching sour wind with shuddering.
Acid stomach.
Distress at stomach, he had to unfasten his clothes, which were quite loose.
Distress and faint feeling at stomach.
- 185—Could taste food ten hours after eating.
Distressing pain at epigastrium, relieved by raising sour, bitter wind, with shuddering.

Belching large quantities of wind, with a sensation as if both temples were in a vise.

Nausea after eating.

Belching of wind; bitter mouth, worse on sides and back part of tongue.

190—Inclined to raise the wind but cannot.

Burning at epigastrium.

Dull pain in stomach and right hypochondrium.

Heavy feeling at stomach as of undigested food.

Stomach feels faint and distressed after eating but little.

195—Stomach burns and smarts and is sore.

Stomach burns after eating.

Belching of wind and bad taste in the mouth.

Belching of wind with pain in left knee.

Trembling, with faint feeling at stomach.

200—Belching of wind slightly sour, accompanied with shuddering.

Faint feeling at epigastrium, partially relieved by raising wind.

Aching pain in left hypochondrium.

Sensation as of a stone in the stomach.

Twisting pain in stomach, (c).

205—Severe, cutting, tearing pains in region of stomach and gall bladder, sometimes spasmodic.

Constant dull pain in stomach.

Burning distress in stomach, with sharp pricking pains in it, and faintness.

Stomach painful on pressure, with faintness, (b).

210—Pyrosis in pregnant women.

Gastralgia.

Cramps in the stomach.

Dull, heavy pains in stomach, worse after eating, relieved by eructations of air.

Constant dull, heavy, tearing pain in cardiac portion of stomach, extending into left side and dorsal region.

HEPATIC REGIONS.

215—Sharp, cutting pains in the hepatic region; also in the region of the gall bladder.

Dull, heavy, aching pains in the right lobe of the liver.

Stools first yellow, (bilious), afterwards too light-colored, (B).

Supposed to be useful in neuralgia and spasmodic affections of the liver and gall ducts; said to facilitate the passage of gall stones, and relieve the pain.

ABDOMEN.

Sharp pain between epigastrium and umbilicus.

220—Sharp pain in left hypochondrium.

Pressing pain at left hypochondrium..

Sharp, darting pain in region of liver.

Sharp pain between epigastrium and umbilicus, relieved by standing erect, aggravated by stooping.

Pain below right hypochondrium and to the left of umbilicus.

225—Faint pain at umbilicus, extending to epigastrium.

Dull, steady pain in region of gall bladder.

Dull pain in region of liver, aggravated by inhalation, relieved by exhalation.

Heavy, distressed feeling in region of gall bladder when lying on the right side.

Pain in bowels as if a diarrhoea would come on.

230—Pain in umbilical region.

Gripping pain in hypogastric region as if a diarrhoea would come on, relieved by passing flatulence.

Sharp pain in umbilicus.

Twisting sensation in region of liver.

Gripping pain at umbilicus.

235—Sharp pain in liver, extending to nipple.

Wringing, twisting pain at hypogastrium.

Gripping pain at navel.

Frequent cutting, cramping in epigastrium, extending to the umbilicus, with a faint distressing sensation as if a diarrhoea would come on.

Bowels feel sore on stooping.

240—Sound of rumbling in bowels.

Greatly troubled with incarcerated flatulence.

Distress in bowels with raising bitter wind.

Squeezing pain in liver.

Immediately after lying down a hard pain in left hypochondrium, aggravated by lying on the right side, not changed by lying on the left.

245—Dull pain in left hypochondrium when lying on left side.

Dull pain in liver when lying on right side.

Digging pain in left hypochondrium.

Pain in left inguinal region and inguinal glands in the evening.

Left inguinal glands swollen and painful.

250—Aching pain in left hypochondrium, with a faint feeling at stomach, with chills in the back.

Loud rumbling in the bowels.

Bowels feel bloated. (c)

Constant dull pain in epigastric and umbilical region, with frequent colic-like pains of a cutting, tearing character.

Sharp cutting pains around the umbilicus, aggravated by walking.

- 255—Severe cutting colic pains awaking him at night. (B)
Uneasy feeling in umbilical region, with eructations.
Rumbling in the bowels with bloating and soreness on pressure.

Abdominal pains which intermit, aggravated by lying down.

Spasmodic, very sharp pains in umbilical and right iliac regions, not modified by pressure, although pressure caused a rumbling. (N)

- 260—Severe griping abdominal pain, followed by diarrhoea. (s)

Continued pain in abdomen, as if the point of a finger was placed upon the navel and pressed upward and backward, followed by soreness on pressure.

Severe spasmodic pains in abdomen, preceded by fullness in the head and attended by burning sensation in abdomen in the intermission of the pains. (M)

Intense, cutting, twisting, agonizing pains in the abdomen, commencing in the umbilical region, radiating all over the abdomen, relieved or not by pressure, attended with distension, soreness and sensitiveness of the abdomen; vomiting, cramps, etc.

Bilious colic. Flatulent colic. Spasmodic colic.

Spasmodic pains in the abdomen with severe tenesmus in dysentery.

265—Violent, cutting, lancinating pain in the bowels, eliciting shrieks.

Intense, agonizing pains, day and night, occurring in paroxysms.

Constant pains, worse in paroxysms, of a violent *twisting* character, with constipation, thirst, and sensitiveness of the right side of the abdomen.

The pains are steady and *twisting*, aggravated in lying down, and in the morning. Pressure does not usually relieve.

Severe cramping pains beginning just below the umbilicus, extending into the back, thence flying to the fingers and toes, where the pain was intense, (in a pregnant woman.)

270—A crampy, spasmodic pain, commencing near the crest of the ilium (right side), extending into the lumbar region and hypogastrium; gradually increasing for days, ending in an attack of vomiting or headache; aggravated by physical or mental labor, and by lying on the affected side; relieved by lying on the back and left side; always leaving suddenly.

Hyperæsthesia of the abdominal nerves. Neuralgia of the bowels.

Flatulent colic, occurring every night.

STOOLS.

Dark, costive stools.

Diarrhœa, with white slimy stools; light-colored, jelly-like stools.

275—Loose stools with much straining.

Painful diarrhoea with much straining; diarrhoea early in the morning, driving one out of bed in a hurry.

Discharge of a large quantity of flatulence.

Discharge of very offensive flatulence.

Very offensive stools (piles, curative.)

280—Flatulence has copper odor.

Sharp darting pain in rectum.

Occasional pulling, twisting pain in rectum.

Itching of rectum.

During the morning several stools, each one has more straining than the preceding one, and is more slimy.

285—Discharge of flatulence with great desire for stool.

Great desire for stool, driving him out of bed early in the morning.

Severe pain in lower portion of bowels.

Small light-colored stools, with much straining and pain in the bowels; desire for stool with a faint burning pain in rectum.

Stools passed with much force, followed by straining.

290—Frequent stools, each one more slimy; more straining with less pain before, and more pain after stool.

Stools like the white of an egg, but lumpy, with unavoidable straining and burning in rectum, and a sensation as if the fæces were hot.

During stool, faintness, almost complete syncope.

Hurried, almost irresistible desire for stool while eating.

Sudden great desire for stool at 8 P. M., two evenings in succession, with small stools and much flatulence.

295—Sudden pricking pain in rectum.

Moisture around the anus.

Involuntary, unconscious discharge of slimy mucus from the anus.

Darting pain from old hæmorrhoidal tumor to the liver.

Old hæmorrhoidal tumor quite sore.

300—Hæmorrhoidal tumor of nearly four years' standing entirely disappeared during the proving, and has not returned.

Hæmorrhoidal tumor larger, with more soreness on moving than for a long time.

Black, dry, hard, lumpy stool, last part of it soft, white and mushy.

Dark, black stool, followed by prolapsus of the anus.

Four hæmorrhoidal tumors protrude, as large as cherries; three are of the color of the normal mucous-membrane, the other is of a livid, dark-blue color.

305—Obstinate constipation, followed by bilious diarrhœa.

Very profuse, deep-yellow, thin stools, followed by a very weak, faint feeling, without relieving the pain in the bowels; this continued for two days, in the morning, and was followed by constipation; the hæmorrhoidal tumors were prolapsed all the time, with pain and distress. (B)

Cholera Morbus. Cholera Infantum. Dysentery. Diarrhœa.

All the abnormal alvine discharges are attended by

the characteristic *twisting*, *writhing*, severe pain around and extending from the region of the umbilicus.

Very severe tenesmus, with the colic and dysentery.

URINARY ORGANS.

No morbid sensations observed by any prover.

- 310—No change in the quality or quantity of the urine.
Spasmodic stricture of the urethra, with cutting, severe, remittent, colic pains around the umbilicus.

GENITALS, (MALE).

Strong, smelling perspiration on the genitals.

Constant excitement of the genital organs, with frequent erections day and night.

Erections all night, with amorous dreams.

- 315—Emissions of semen during sleep.

Genitals cold and relaxed.

Genitals cold and almost insensible.

Sexual desire greatly diminished.

Sexual desire all gone.

- 320—No erections for many days.

Pain in the lumbar and both inguinal regions, extending to the testicles.

In afternoon, pain in left inguinal region, extending to the testicles.

Pain in penis.

Nocturnal emissions, with erections and amorous dreams. (Cushing: Several cases cured with the 2d and 7th dilutions).

325—Nocturnal emissions, without erections, sensation or dreams, but with great weakness of the knees and depression of spirits. (Several cases cured by Dr. Pease, with the 2d decimal trituration of Dioscorein.)

Nocturnal Emissions treated by Dr. Cushing.—Mr. L., aged 35, above medium size, dark eyes, black hair and beard, married, father of three children. When twenty years of age, commenced having nocturnal emissions of semen; was troubled badly; was under treatment some two or three years, with no relief. By advice of physicians was married, but became no better. During 15 years, thinks that once he has been three weeks without an emission; a very few times the interval has been two weeks, though usually not over four days; much of the time the emission occurred every other night, and at times every night. Occasionally it causes him to feel so badly in the morning that he sits up nearly all the succeeding night to avoid it. Rich or spare diet, excessive labor or rest, make no difference. Has had all kinds of treatment, the last from a travelling physician, to whom he paid fifty dollars a few months since to have the urethra cauterized the whole length, but it gave him no relief. He feels dull and bad; back-bone and knees weak.

September 12.—Gave Dioscorea 20th decimal, dose every night.

September 19.—Has had no emissions; Dioscorea 20th every other night.

October 3.—Has had two emissions; Dioscorea 15th every night.

October 10.—No emissions; Dioscorea 15th every night.

October 22.—No emissions ; Dioscorea 20th every other night.

November 5.—Has had two emissions ; Dioscorea 20th every night.

November 18.—No emissions ; Dioscorea 20th every third night.

December 5.—No emissions ; Dioscorea 20th, to take an occasional dose at night. He feels well ; back is not lame, and considers himself cured.

CHEST.

Very sharp pain in right lung, at the right of the nipple, arresting breathing ; relieved by pressure. Sharp pain in lower portion of right lung, commencing in back side and darting through to the front.

Aching pain in right lung. Sharp pain in left lung at the side of the nipple.

Cutting pain in left lung.

330—Sharp cutting pain in region of heart, arresting breathing and motion.

Pain through from back to front of both lungs.

Tearing pain through left lung.

Soreness and pain in left axilla.

Very sharp, cutting pain from left axilla to nipple, passing down the side and deep into the lung.

335—Sharp pain in region of right nipple, with difficult respiration.

Sharp pain through center of right lung.

Dull pain through right scapula and lung.

Sharp pain in the region of heart, had to stop when walking on the street.

Pain in right lung, then left.

340—Frequent sharp pains in center of right lung.

Drawing pain in right lung.

Sudden, sharp, cramping pain in right lung, just below the nipple, arresting motion and breathing for a few seconds.

Dull pain through right lung.

Pain in upper portion of right lung.

345—Pain in upper portion of left lung.

Dull pain in lower portion of left lung, back side.

Sharp, pricking pain in region of heart.

Distress in region of heart.

Hacking cough.

350—Burning pain behind top of sternum.

Violent attack of cough from tickling low down in throat; can with difficulty get his breath, with frothy expectoration, seeming to come from the head.

Profuse frothy expectoration, seeming to come from posterior fauces.

Cough with pain at epigastrium; dull pain in both temples, brownish-yellow tongue and weak knees, (*Cushing.*)

Pains through the sides of the chest, with headache in the temples, (*Cushing.*)

BACK AND NECK.

355—Chills over left scapula.

Chills on back, commencing over left scapula.

Dull pain in back of neck, extending to head and shoulders.

Pulling pain in left shoulder.

Hard pain on top of left shoulder.

- 360—Pulling pain in right shoulder.
Dull pain in back of neck.
Drawing, pulling pain in cervical vertebræ.
Itching over both scapulæ.
Violent itching over right scapula every evening,
with no eruption.
- 365—Dull pain in left lumbar region.
Dull pain in right lumbar region.
Very sharp, sudden pain in back, left side at tenth
rib.
Dull, lame pain in lumbar region, extending to legs.
Sharp pain in lumbar region.
- 370—Sharp pain in lumbar region, extending to the tes-
ticles.
Same pain in sacral region, hindering walking or
movement.
Soreness and pain in right lumbar region.
Pain in right hip.
Sharp, deep pain in lower portion of left scapula,
followed by sharp pain through center of right
lung.
- 375—Sharp pain in lumbar region that pulled him over
backward and sidewise, so sharp that it made
him groan aloud.
Itching over both hips extending down the legs,
aggravated by getting cold.
Dull pain across the back in region of liver.
Back in region of liver so lame it is almost impos-
sible to turn in bed; relieved by motion.
Sharp pain in dorsal region.
- 380—Soreness of sacral region.
Hyperæsthesia of the spinal cord (?) (*Paine.*)

Reflex irritation of the spinal cord, (*Hale.*)

Dull pain on top of left shoulder, extending to neck and head.

Pain in middle of left humerus.

385—Dull pain in left shoulder.

Hard, grinding pain in right arm above the elbow.

Quite sharp pain in middle of left humerus.

Hard pain in right elbow.

Hard grinding pain in left elbow.

390—Pain in right elbow, then right knee.

Dull grinding pain in left elbow, as if out of joint.

Cutting pain just above the left elbow.

Pain in middle of left fore-arm, between ulna and radius.

Numbness of left hand and fore-arm, as if asleep ; worse at little finger.

395—Hard aching pain in lower third of left fore-arm, extending to little finger.

Dull grinding pain in middle of left fore-arm, quite severe, which returned at intervals during the evening.

Arms and hands numb.

Frequent sharp jerking pains in left shoulder.

Sharp pains in left shoulder-joint.

400—Frequent sharp pains in right shoulder.

Hard pulling pain all day on top of left shoulder, extending to neck and head.

Pain in left lung, extending to back and down inside of left arm.

Pain and soreness in right axilla.

Pain and soreness in left axilla, extending down the arm, aggravated by walking.

- 405—Pain in both shoulders. Left elbow lame and stiff.
Grinding pain in elbow joints.
Aching pain in elbow, alternating with aching
pain in knees.
Left wrist lame and painful.
Sharp pain in right wrist.
- 410—Weakness in right hand.
Sharp pulling pain in left hand.
Dull pain in both hands.
Hands feel numb, left one worse.
Pain in right thumb.
- 415—Sharp pain in left thumb.
Pain in left hand.
Pain in right hand.
Sharp pain in left little finger.
Hard twisting pain in first joint of right thumb.
- 420—Aching pain in left little finger.
Pain in joints of fingers.
Left thumb, between first and second joints, quite
painful for two days, but no swelling, soreness or
redness.
Pain in right fore-arm.
Hard pain in right wrist.
- 425—Frequent, severe, but not very sharp pains between
the third and fourth metacarpal bones of left
hand.
Hard aching pain in left fore-finger.
Hard aching pain in right hand.
Dull pain in left thumb.
Wrists itch.
- 430—Severe itching of palm of right hand.

Nails on toes and fingers very brittle.

Severe pains with cramp in the flexor tendons of the fingers and toes, in a pregnant woman, alternating with false labor pains. (*Hale*).

INFERIOR EXTREMITIES.

Dull drawing pain from hip to knee in right leg.

Pain in back side of right leg, as if glutei muscles were too short.

435—Cramping pain in back side of legs; dull pain whole length of right leg on back side, worse at buttock and heel.

Sharp pain in right hip joint.

Dull pain in right hip.

A sharp pain went from left hip to head like an electric shock, while lying down.

Dull pain in left hip.

440—Pain in front side of right hip down to the knee.

Pain in left thigh.

Pain in right hip.

Sudden stinging itching over right hip.

Dull cramping pain in back side of both legs, worse above the knees.

445—Dull tearing pain in right hip, hindering walking.

Left leg feels numb and heavy.

Left leg goes to sleep easily.

Right hip lame, as if the glutei muscles were too short, aggravated by walking.

Cramping pain all day in back side of right thigh, as if the muscles were too short.

450—Dull pain in right groin, extending down inside of leg, causing lameness.

Pain in left popliteal space.

Sharp pain in right popliteal space.

Pulling pain in right popliteal space.

Pain in left popliteal space, hindering walking.

455—Pain in left popliteal space, then right knee, then right popliteal space.

Both knees very weak, lame and painful, aggravated by walking; continued walking cured it.

Pain in right knee at head of tibia, relieved by motion.

Hard aching pain at head of right tibia.

Pulling pain in right knee, also lame and weak.

460—Pain in right knee and ankle. Pain in right leg, back side near the knee.

Hard pain at head of right tibia, extending into the knee joint.

Belching of wind, with pain in left knee.

Hard aching pain in right lung and right knee.

Pain in left knee, as if it was out of joint and could not be moved, but relieved by motion.

465—Left knee weak and painful.

Sharp tearing pain in left knee.

Right knee very lame and stiff; knees weak and trembling.

Right tibia seemed sore, with pain extending to left side of knee at edge of patella, producing lameness; then the pain moved to lower portion of fibula, same leg.

Sharp pain in right fibula.

470—Both knees lame, as if they could not be moved.

Pain alternates from one knee to the other; right leg from knee to foot feels weak.

Grinding pain in both knees.

Cramping pain in both knees.

Right tibia quite sore and painful when walking,
but not to the touch; is better by contact.

475—Pain in bones of legs, with chilliness.

When walking, severe cramping pain at head of
left fibula, making walking painful.

Dull pain in both sides of right leg below the knee.

Pain in bones of leg below the knee.

Sharp pain in left tibia, near the ankle, that made
him limp; then pain in right tibia; then right hand.

480—Frequent hard, dull pain in left tendo achillis.

Sharp pain at middle of left fibula.

Violent itching on front side of left ankle when
walking.

Violent itching of right ankle, extending above the
joint, while walking.

Pain in calf of right leg.

485—Sharp pain in right tendo achillis.

Hard pain at middle of right tibia.

Hard sharp pain in left ankle.

Feet and legs to knees feel numb and strange.

Sharp pain in left tendo achillis that makes him
hold his breath.

490—Sensation as of a bee sting on outside of left ankle.

Burning aching pain in right little toe.

Very sharp severe pain in right little toe, relieved
by pressure.

Pain in left great toe.

Corns on second toe of each foot very painful and
sore.

495—Jumping, darting pain in old corns on second toe
of each foot.

Sharp pain underneath right great toe, as if a pin was driven in.

Sharp pain in bottom of feet and toes.

Constant dull pain in ankles, feet and toes.

Toes are very stiff, especially in the morning.

500—Great weakness of the knees (in several diseases),
(*Cushing.*)

Pain and soreness in fourth toe of right foot, (*Ib.*)

GENERAL SYMPTOMS.

Faintness, came near syncope.

Itching of various parts of the body and limbs.

Sudden stinging in various parts, like a bee sting.

505—Violent itching over right scapula, (every evening),
and over various parts of the body, without eruption.

Headache, worse in temples.

Cramping, cutting pains in stomach and bowels.

Sharp darting pains in lungs, worse in region of heart.

Restless sleep, with bitter, sticky mouth in the morning.

510—Back lame with soreness in inguinal regions, and pain in hips. Knees weak, lame and painful.

Sexual desire increased or nearly all gone.

SLEEP.

Falls asleep late at night. Restless, cannot sleep.

Restless, dreamy sleep.

Went to sleep in his room in the afternoon, which was very uncommon; awoke with bitter mouth and pain in bowels.

515—Roused suddenly from sleep with slow but hard beating of the heart.

Sleep full of lascivious dreams.

Emissions of semen during sleep.

Roused from sleep early in the morning by great desire for stool.

FEVER.

Feels as if he had a cold ; chilly, and bones and back ache.

520—Chilly, yet perspires easily.

Chills commence on left scapula.

Several severe chills during the evening.

Chilly, then perspiration ; no fever, no thirst.

Pain in bones of legs, with chilliness.

CHARACTERISTICS.

Pains all relieved by motion. Symptoms worse about eight A. M. and ten P. M. Pain in stomach and bowels, relieved by standing erect. Chilliness in a warm room. Frequent sharp pains darting from one part of the body to another. Sudden stinging in various parts of the body.

XX.

BROMIDE OF AMMONIUM.

PROVING BY A. M. CUSHING, M. D., OF LYNN.

February 20, 1868.—At 7 A. M. took 5 grains 1st decimal trituration; 9 A. M. took 5 grains; 12 M. took 5 grains; 8:15 P. M. took 5 grains; 10 P. M. took 10 grains.

February 21.—On rising from bed this morning a sudden short cough, from a sensation of mucus in the throat. 7:30 A. M. took 10 grains. It is a warm morning, yet I am troubled more with the cold in the house than I have been at any time during the winter, have to warm my feet in a warm room. At 10 A. M. biting sensation on left side of tip of tongue. At 1 P. M., white, stringy, tasteless mucus in the mouth. At 1:45 P. M. took 10 grains.

February 22.—At 8:30 A. M. took 10 grains. Feet cold during the day. At 9 P. M. took 10 grains. At 10:30 P. M. took 20 grains. At times during the day felt as if a band was tied around the head above the ears.

February 23.—At 8:30 A. M. took 15 grains. Feet very cold; head feels as if a band was tied around it above the ears, pressing the hardest just above the ears. At 3 P. M. took 10 grains. At 11 A. M. and 3 P. M. a sharp, twisting pain just above the crest of the ilium, right side. In evening, feet cold. At 10 P. M. took 15 grains. Sud-

den cough; the cough and the inclination to cough come suddenly.

February 24.—At 8 A. M. took 20 grains. At 3:30 P. M. took 20 grains. At 11 P. M. took 20 grains. During the evening sudden hacking cough, with watery discharge from the nose.

February 25.—At 12:30 took 20 grains. At 8 A. M. took 20 grains. Feet cold, legs ache; accumulation of mucus in fauces; stinging in fauces with inclination to cough, but relieved by sneezing; feet cold; repeated sharp pains in back side of left leg midway from hip to knee. At midnight, took 20 grains. In twenty minutes urgent desire for stool, with loose stool.

February 26.—In morning tickling in throat with inclination to cough; tongue very sore as if burnt, cannot talk or read without pain; mouth filled with saliva; tickling in throat. At 11:45 A. M. took 20 grains.

February 27.—In morning tongue stiff and sore; irritation of throat, with inclination to cough; tongue sore all day; lame pain in back side of left leg midway from hip to knee; a tightness across the chest with pain in lungs; inclination to draw a deep breath. At midnight, when walking, had to hold my mouth open on account of heat in throat and lungs.

February 28.—In morning tongue dry and sore and stiff. At 9 A. M. took 20 grains. Irritation of fauces with inclination to cough; stomach feels badly; food does not digest well, can taste it for several hours after eating; pain in left leg gone, but remains in same place in right leg; a small hæmorrhoidal tumor, which had not appeared

for some time, returned, and was quite hard and sore, but soon disappeared, (it was quite small).

February 29.—In morning tongue smarts badly, as if it had just been burned; inclination to cough from tickling low down in throat; distress and sore lame feeling in stomach; white, thick mucus in throat; sudden deep cough; swallowing anything cold causes a distress the whole length of oesophagus, and in the stomach; flashes of heat over body as if perspiration would come on. At 11 P. M. dreadful distress at upper part of epigastrium, could not sit still, had to walk the room, with belching of wind; the pain went through to the back and extended to both hypochondriæ, could but just get my breath; the pain was so severe that it produced a perspiration over the whole body. Took a dose of Cuprum met., which soon relieved the pain and cured it in a half-hour.

March 1.—In morning mouth feels as if burnt. Tickling on both sides of throat, causing a deep cough; distress in stomach. At 8 P. M. something seems to rise from the pit of the stomach as though it would stop my breath, and causes a faint, very disagreeable sensation, partially relieved by raising wind; tasting of food eaten several hours before; head feels as if a band was around it.

March 2.—In morning mouth feels as if burnt; stomach feels better to-day; sudden inclination to cough from tickling on both sides of throat just below the tonsils. During afternoon and evening sensation like fainting or suffocation, beginning at epigastrium and rising on both sides of sternum to the throat, causing me to sigh and walk around the room; feared I might die. Pain under middle of left clavicle; sensation as of a band tied around

the head, above the ears ; inclined to be chilly with flashes of heat ; occasional belching of small quantities of wind, slightly sour ; sensation as of hot air passing up the throat, on right side, though the stomach feels cold ; pain around the eyes into the head. Took one dose of Carbo veg. Back and feet cold in a warm room ; mouth filled with white, frothy, stringy mucus.

March 3.—In morning mouth feels as if burnt. While eating, a sensation in stomach similar to that experienced last evening ; pain outside of both eyes ; right eye full of white, stringy mucus ; eye between pupil and internal corner very red, looks as if a membrane was growing over it, looks like a pterygium ; sharp pain in left side of head near the eye ; feet cold. At 11:30 A. M. a feeling over right kidney as if something was pressing hard against it, relieved by pressing my back against the back of a seat, but leaves a pulling sensation ; sudden cough from tickling in the throat, just below the tonsils ; stomach feels badly in the evening, but better than the previous evenings ; eye smarts in the evening, has not during the day. Right eye sore, lids swollen, the eye full of white, stringy mucus ; during afternoon and evening, deep cough from tickling just below the tonsils, causing a pain in the stomach ; right eye quite sore, feels large and smarts, have to shade it in the evening to read or write ; sore spot over right kidney ; feet cold in a warm room ; fauces slightly sore.

March 5.—Both eyes sore and very red ; lids stuck together in the morning ; throat sore ; fauces look dark-red and congested ; feet cold in a warm room ; occasional sudden cough with expectoration of white mucus ; throat sore ; tongue feels as if burnt.

March 6.—Tongue sore on top, both sides and tip; throat feels sore, looks mottled as if diphtheritic deposit was commencing; frequent sensations every day as if something was rising from the stomach, not like wind, causing a faint sensation but disappearing in a moment. At 10 p. m. sharp cutting pain in stomach, like a knife; throat sore all day, worse on left side; slept only two hours last night; have been out in the wind all day, but my eyes are much better than for the last few days.

March 7.—Slept but little last night; was out most of the night, still my eyes and throat are much better and I cough less; not only the cough, but the inclination to cough comes suddenly.

March 8.—I used my eyes quite severely till midnight, still they are nearly well to-day, and my throat is well, with no inclination to cough. At 10 p. m. took 25 grains 2d dec. trituration.

March 9.—In morning, eyes red and sore; white mucus in corners, left one worse. Throat sore, with expectoration of white, sticky mucus, also with discharge of same from nose. At 6 a. m. took 25 grains 2d dec. trituration. At 2 p. m. took 25 grains 2d. During evening, tickling in throat, nose stopped up, then discharge of clear water. At 11:15 p. m. took 25 grains 2d trit.

March 10.—In morning eyes feel sore, and as if there was dirt in them; mucus on eye-lashes; nose dry. At 11 a. m. tickling in throat, with inclination to cough; during the evening tickling in throat, mostly on the sides, causing a sudden cough; throat smarts; nose stopped up; fauces look red.

March 11.—In morning mouth feels as if burnt; throat

sore; sudden cough, then a deep cough; pain in left side of head, near the eye, every day; eye-balls feel sore and large in the evening; sudden, spasmodic cough, from tickling in the throat; pain in both tonsils; pain in right lung; lung feels cold inside; nose is dry, with an occasional discharge of water from the left nostril; peculiar pain in head, cannot describe it. At 11 P. M. took 75 grains 2d trituration.

March 12.—Eyes smart; tongue feels as if burnt, worse near the tip. At 3 P. M., sensation as of hot water over right eye; did not go to sleep last night, but my eyes do not feel very badly to-day.

March 13.—At 3 A. M. was called up; eyes stuck together; mouth full of white sticky mucus; was awake but one hour and a half last night, yet my eyes feel very badly to-day; during the day sudden inclination to cough from tickling in throat; every day pain in head just back of eyes, worse on left side; in evening eyes feel very large, with constant blur before them.

March 14.—Sharp pain in lungs, worse in upper portion of right one; tickling in throat, with cough. At 10:30 P. M. took 100 grains 2d trituration.

March 15.—In morning mouth feels as if badly burnt; sharp pain through both lungs during forenoon, quite troublesome; it seemed to be mostly in the pleura. All the forenoon a sensation as of a cord tied around the right leg, midway from hip to knee; it was quite painful and made me limp badly; in the afternoon the pain all disappeared from the right leg, and same kind of pain appeared in the left leg below the knee; in the evening it was in the ankle, then in the foot, and then it all passed off. After the pain in the leg passed off, had a desire to cough.

March 16.—Eyes and fauces sore; mouth feels as if it had been burned; expectoration of white, sticky mucus; left ankle and foot lame; almost constant desire to cough; a sense of suffocation from the lungs, which makes me move around from fear of suffocation.

March 17.—Frequent constrictive pains across the chest; tightness across the chest; frequent cough; a very sudden desire to cough; it comes so suddenly, by tickling in the throat, that it strangles me and almost arrests the breath; expectoration of gelatinous mucus.

March 18.—At 7 A. M. took 50 grains. At 9 P. M. a sensation on top of right shoulder as if some heavy load was upon it.

March 19.—Throat filled with white, sticky mucus; have to hawk it up, and it causes a smarting of the fauces. At 7 A. M. took 50 grains 3d trituration. White, sticky mucus in fauces. At 11 P. M. took 100 grains 3d trituration.

March 20.—Expectoration of white, sticky mucus; feet cold in a warm room, so cold that they made my legs ache. At 9 A. M. took 50 grains 3d trituration. In evening feet cold in a warm room; throat feels sore; pain in right side of head near the eye, as if a nail was driven in. Every evening eye-lids droop, and it is difficult and painful to raise them. At 10 P. M. took 100 grains 3d trituration.

March 21.—In morning mouth and fauces full of white, sticky mucus. At 7 A. M. took 25 grains 3d trituration. Throat feels badly irritated. At 8 P. M. sharp pain in lower portion of left ear, extending to the cheek and

neck ; the throat seems sore, preparing to swallow is quite painful but swallowing is not.

March 22.—In morning mouth very dry ; during the day throat filled with white, sticky mucus ; expectoration of white, sticky mucus, streaked with blood.

March 23.—Expectoration of white, sticky mucus, and occasionally blood. For several days following I was so sick with sore throat, headache, bad feelings generally, expectoration of bloody mucus, etc., that I was obliged to resort to medicines to remove the train of symptoms, and thereby end the proving.

XXI.

IRIS VERSICOLOR.

BY CONRAD WESSELHOEFT, M. D., OF BOSTON.

This drug at first promised no very decisive results, but further acquaintance has convinced me that it will be one of the most useful remedies in our new materia medica. I have made several provings of it myself and have obtained a number from others, with dilutions as well as with considerable quantities of the tincture, and also with the root of the plant. While my own observations coincide perfectly with those collected by Dr. E. M. Hale, I have been enabled to add a few new peculiarities, and, perhaps, to fill up a few vacancies by procuring some provings from females.

Beginning with the head, numerous experiences point to the applicability of *Iris* to a certain form of "sick headache," characterized by dull, throbbing, or hammering, and also shooting or acute boring pains in one side (generally the left, or passing *from right to left*,) of the forehead, with nausea. The headache, if beginning in the morning, grows more violent in the afternoon and toward night, but is generally present and most severe in the afternoon and toward evening, aggravated by violent motion, but relieved by moderate exercise in the open air; such, at least, was my personal experience.

Another peculiarity of the headaches is their paroxysmal character, coming in *repeated attacks through the day*, or appearing at intervals of many days, so as to become periodical; according to the experiences of other provers, the pains of the head are aggravated by *cold air and by coughing*. In regard to the throat symptoms, the *Iris* rivals the heroic remedies of the older materia medica, and certainly seems to exert much of its primary effect upon the superficial as well as the deeper structures of the palate and pharynx. The smarting, burning sensation in the soft palate and fauces is excessive, and makes the throat feel larger, like a burning cavern. Inspiration of cold air relieves the pain, while expiration increases it. The throat looks bright-red, injected, and is dry. Spasms of the pharynx while swallowing food are very common. This does not produce a strictly catarrhal inflammation of the mucous membrane, but rather an acute pharyngitis with paralytic weakness of the pharyngeal muscles (like *Aconite*, *Belladonna*, *Gelsemium*, for instance.) It has salivation in common with many drugs of the old and new materia medica.

This form of inflammation is probably also excited in the stomach; there is excessive nausea and retching with *eructation of much tasteless gas*, and *burning in the region of the fauces*; vomiting and diarrhoea are also present.

Rather more prominent than the former are the abdominal symptoms, manifested by severe rumbling of gas, excessive watery discharges, preceded by soft and more substantial evacuations, and intense, aching, cramp-like pains. These, together with the excessive nausea and also vomiting, point to the use of *Iris* in cholera-like affections, in which it has already proved useful in the hands

of practitioners. Next to this, the *Iris* also corresponds to certain forms of dysentery, in producing bloody mucous discharges with severe tenesmus, and prolapse of the rectal mucous membrane. But it also appears that the *Iris* exerts its first influence upon the small intestine, as indicated perhaps by the excessive watery discharges, and that the dysenteric symptoms are in fact a sequel to the former; the action upon the colon exists together with that upon the small intestine, as the bloody mucous discharges apparently do not set in till after the colic and watery diarrhoea have existed for some time.

The left side of the abdomen also appears to be principally affected, or if the pains begin on the right side they often pass to the left.

The head symptoms, which must be referred to again here, considered by themselves, do not exhibit very striking indications for "sick headache," unless regarded as proceeding from the intense gastric and abdominal disturbance. Those varieties of headache, caused by *Iris* independently of gastric and abdominal disturbance, are not marked cases of genuine "sick headache," which, pathologically speaking, is an affection of the brain and its envelopes with *secondary* gastric disturbance.

In a case of regular but excessive menstruation, *Iris* caused the *menses to appear several days later and diminished in quantity*.

That the *Iris* will prove to be an important remedy in several forms of rheumatism, or rather neuralgia, is confirmed by Drs. Burt, Rowland, and by my own trials. *Iris* causes marked attacks of sciatica of the left side; severe, sudden, shooting pains in the course of the left

sciatic nerve, causing lameness, *especially on motion*; this appeared after every dose in my own case. It seems that the pains caused by *Iris* are seated particularly in the nerves; though on the other hand it evinces a marked affinity for all the joints of the body, especially those of the extremities, without decided affections of the muscles; and as a general thing is indicated for neuralgic affections. As far as it is possible to discern at present, pains resembling the sciatic twinges in the *left* sciatic nerve also appeared in the *right* shoulder.

Like the cranial and abdominal pains, those of the knee joint also pass from the right to the left knee; and, if an inference can already be drawn, *the pains pass from right to left; or from the right upper to left lower portions*. Moderate motion *aggravates the sciatic pains exceedingly*, while violent motion makes no perceptible difference.

In the air passages, *Iris* produces and also relieves a short, dry cough, caused by excessive tickling in the larynx, especially if the cough was preceded or accompanied by dry, smarting, or burning sore throat.

This sketch does not claim to exhaust the scope of the action of *Iris*, being intended merely as an index to the general sphere of its pathogenesis.

In connection with this proving, as well as others, the conviction forces itself upon me that a proving upon the healthy is only one-half of the task; its verification in sickness constitutes the other,—and by far most difficult half. Though we are justified in administering an unknown drug to healthy volunteer provers, we must not and cannot do so in disease without danger of injury to our patient, and herein we differ in practice from allo-

pathists and eclectics. In order to explore the scope of a new drug, which is to become a remedy in disease, we must previously have obtained certain *guiding points*. These are secured first by provings upon healthy subjects. But a proving upon healthy subjects alone, be it ever so exhaustive, is still imperfect and of questionable value till after an equally exhaustive clinical test, by which alone the true *simile*, *i. e.* the true homœopathic relation between drug and disease can be brought out.

It is not to be expected that even with the greatest care we can always produce pure drug symptoms in the healthy; there are too many other influences constantly acting upon the organism, which during a proving necessarily becomes morbidly susceptible to all influences; therefore the only means of verifying our provings* *is the clinical test*. This constitutes the true proof of the proving, and is to the latter what the proof is to a sum in arithmetic. Having gained the guiding points, we are justified in making the clinical test.

The "Organon" teaches that if a remedy which is capable of producing certain morbid symptoms in a healthy person is applied in a case of natural disease corresponding in its symptoms with those of the drug, that disease will be certainly, speedily and gently cured. This is true; upon this truth rests our name as physicians; but practically this truth is most difficult to realize, and the test is not always crowned with success, owing to unavoidable imperfections and uncertainties in our prov-

* The word "proving" is derived from the German *pruefen*, and has not the same literal meaning; *pruefen* means to test or try, while to prove means to verify something previously asserted; but the latter word has by use acquired the same meaning as *pruefen*.

ings. On this account Hahnemann has been frequently and unjustly reproached by friend and foe, who did not and will not see that his great aim was to do away with this very uncertainty in medicine; even now there are those who cannot forgive him for not perfecting his whole system to such an extent as to render it an infallible cure-all, even in the hands of the humblest. Hahnemann foretold the way to perfect the *materia medica*, and stated what could and would be done when the *materia medica* shall have been perfected. No one was more deeply impressed with its imperfections, and hence he was ever careful to impress it upon others by the frequent use of the phrase, when alluding to the *materia medica*,—"as far as known at present."

None saw more clearly than he the importance of clinical observations; and owing to this very importance he insisted that such observations should be left "only to masters in the art of observing." Though we can not all be masters, it is, nevertheless, our duty to prove our "proving" upon the sick; until that is accomplished, neither *Iris* nor any other new remedy will be really available. Years must elapse before we shall dare to place our new drug among the veterans of the *materia medica*.

When testing a newly "proved" remedy in disease, symptoms will often be observed to arise which did not appear in the proving of the healthy; again, some symptoms of the disease corresponding to the proving upon the healthy, will be cured; and thirdly, some will be cured which did not appear in the proving upon the healthy. These are the points where the mastership in the art of observing should come into play, and they illus-

trate Hahnemann's significant demand. For the sake of security we may cast aside the new symptoms arising from a drug administered in disease; but the cured or modified symptoms, whether corresponding to the primary "proving" or not, should be jealously noted and preserved, together with the *conditions* under which they occurred.

We want more masters in the art of observing. We can not replace mastership by the rather crude empirical method of the present day — in vogue not among "eclectics" only — of boldly trying medicines in disease, without even a trace of previous knowledge as a guide. Hence many years must pass before the new remedies of our materia medica will equal those of the old; but we must not precipitate matters by adding too much new material; we have enough to do for the present in re-proving our present material and in applying the clinical test.

XXII.

REPORT ON CLINICAL MEDICINE.

BY J. HEDENBERG, M. D., MEDFORD, MASS.

INFLUENZA.—Epidemic influenza has seemed to correspond with *Arsenicum*, and it has been of the greatest use. The cough was invariably worse toward night and in the night; after the administration of *Ars.* this peculiarity ceased.

Dr. E. U. Jones.

During January and February we had an almost universal epidemic of influenza, characterized by much prostration of the vital powers, torpidity of the liver, and a tendency to terminate in tubercular phthisis. *Arsen.*, *Gelsem.*, or *Bapt.*, according to the condition of the liver and typhoid symptoms, in the earlier stages; and *Calc. carb.*³, and *Stann.*³ in the later stages, satisfactorily controlled the disease. I consider *Stann.*³ or ⁴ an invaluable remedy in tubercular tendency, with loose cough and expectoration of a whitish, sweetish mucus, worse in the morning.

Dr. T. S. Scales.

WHOOPING COUGH.—*Mephitis.* Cough inclined to hoarseness, oftentimes of a croupy character, without however being dry, mucous râle throughout upper portion of lungs.

Tartar. emetic. Cough loose, with free and rather easy expectoration, a perfect catarrhal diathesis prevailing.

Bromide of ammonium entirely failed to produce the results expected.

Dr. Jones.

My own observation agrees with that of Dr. Jones, as to the failure of the *Bromide of ammonium* to cut short or materially mitigate this disease.

H.

In the case of a married lady, aged thirty, whooping-cough was complicated with carditis and pectoral rheumatism. The patient awoke at night with agonizing strangling fits, spasms of epiglottis, with agony and fear of suffocation; she would spring up in bed, struggling for breath. In the day time drinking cold water was always followed by cough. *Sambucus nig.*⁶ relieved the spasms at once. *Squilla*, as indicated by the aggravation from drinking cold water, promptly relieved the cough which remained after the spasmodic symptoms had been removed.

Dr. C. Wesselhoef.

MEASLES.—*Mercurius*. For the cough, often so obstinate, in the latter stage of measles, no remedy has proved so efficacious as *Merc. viv.* or *Merc. sol.*^{30 and 200} when the following indications were present: moist barking cough, with some sound of moisture in the air-passages, though apparently no expectoration; the cough is almost convulsive, cannot be controlled, and occurs in frequent paroxysms, particularly from 9 A. M. till 5 or 6 P. M. In such cases, *Merc. viv.* has proved almost infallible, not only the past year but in most cases for several years.

Dr. C. Wesselhoef.

SCARLATINA.—*Phytolacca*. The angina, and suppuration accompanying and following the fever, were best met by *Phytolacca* given internally and used as a gargle. All suppurations showed laudable pus.

Dr. Jones.

Dr. E. P. Scales sends a similar report of his experience with this remedy.

DYSENTERY.—*Merc. cor.*, *Arsen.* and *Trombidium* were the most efficacious remedies.

Arsenicum corresponded in the past year not only to many forms of dysentery, but also to most forms of diarrhoea when accompanied by the following symptoms: burning in the abdomen; green, slimy, bloody discharges, with burning tenesmus; extreme thirst; patient calls incessantly for the coldest water, but only a sip at a time, when it seems before drinking as if a quart would not suffice. These symptoms were present in one very severe case, accompanied by coldness of the body; stools like bloody water, especially in the night; brown tongue, pulse 112, very small and weak. *Merc. cor.*²⁰⁰ and *Ars.*²⁰⁰ had brought such relief in the first few days of the disease that the patient appeared convalescent; but, from some inadvertency on the part of the attendants, a relapse occurred, followed by the condition just described. *Ars.*²⁰⁰ failing to relieve, *Ars.*⁶ was given with immediate relief. The case terminated in a perfect cure without another remedy.

Merc. corr. The indications for this are so well known as to require no further repetition; our experience with it is contained in a former report.

Trombidium has again proved its usefulness, and fills a place hitherto deplorably vacant in the materia medica, particularly for dysentery having the following indications: brown fluid discharges, with or without bloody streaks, occurring every half-hour; violent colic, causing the patient (a strong man) to scream with pain; severe tenesmus.

We have given elsewhere a report of several cases of dysentery cured with *Trombidium* indicated as above.

Dr. C. Wesselhoeft.

HÆMORRHAGE.—*Hamamelis*, Two cases of hæmorrhage from extraction of teeth were cured by a single application of cotton saturated with *Hamamelis* tincture, with a few doses taken internally. In one patient hæmorrhage always ensued one week subsequent to the extraction of a tooth.

Dr. Wm. Knight.

FEVER.—Under this head is noticed a change of type, or rather of the relative frequency of our fevers; a greater prevalence of bilious remittents, and a decrease in the number of cases of typhoid. *Baptisia* covered most of the symptoms of the bilious remittent.

Dr. Jones and Dr. E. P. Scales.

Dr. E. P. Scales writes :

“ Last autumn, during three or four months, we had an epidemic of bilious typhoid fever, commencing with chills, headache, backache, pain in the limbs, bad taste, offensive breath, dreamy, troubled sleep. Many of the cases had also slight sore throat; pulse full, but generally slow; bowels constipated, or with occasional dark, offensive stools. Soon the chill alternated with fever, usually with moist skin; or the chills and fever were simultaneous, with soreness of the flesh. *Baptisia*^{1 and 2} cured all cases which came under my care. For particulars respecting *Baptisia*, see an article by E. U. Jones, M. D., in the *New England Medical Gazette* for February, 1868, which I most heartily endorse. I feel confident that the usual autumnal continued fever of this section can be perfectly controlled by *Baptisia tinct.*³, given at intervals of one to four hours.”

Last fall I had several cases of bilious remittent fever. They were entirely unlike typhoid fever, if by this we understand the enteric fever of Wood. There were no rose spots, no tympanitis, no tenderness in the left iliac region. The fever was decidedly remittent, in one case nearly intermittent.

The patient in whom it was so markedly intermittent was born in Boston, and has always lived in the city or its immediate vicinity. He had a well-marked chill at 4 P. M., then heat till midnight, then profuse perspiration.

Cases of this kind, no doubt, are sometimes cited as instances of intermittent fever, originating in this vicinity. The fever continued in two cases nearly five weeks, in spite of all remedies used. Dr. Gregg, in consultation, advised that a cold pack should be given daily, before or just as the febrile exacerbation was coming on. When this patient was seen by Dr. Gregg, the only apparent deviation from a healthy functional activity was a great dryness and complete inactivity of the skin, although the febrile paroxysm was very severe. The tongue was not foul, and the bowels were regular, with daily evacuations, something unusual for the patient, as she is habitually constipated, and depends upon enemas for the movement of the bowels. *Acon.*, *Gels.*, *Verat. vir.*, *Gels.* and *Bry.* in rapid alternation, and the "rum sweat," had failed to induce perspiration. Three packs broke up the more grave symptoms, after which *Baptisia* and other remedies showed their power in promoting convalescence.

The case so nearly approaching an intermittent in form was most benefitted by *Cedron* tincture, which stopped the chills.

I fully endorse the remarks of Dr. Jones in the *Gazette* on the relatively greater frequency of bilious remittent fever, and also on *Baptisia*. I did not see during the fall a single case of our usual typhoid fever. *H.*

XXIII.

REPORT OF COMMITTEE ON OBSTETRICS.

BY J. H. WOODBURY, M. D., OF BOSTON.

Rupture of Vagina during Labor, and escape of Fœtus into the cavity of Abdomen.—E. W. Sanford, M. D., of Brookline.

On the afternoon of July 23d, last, between four and five o'clock, I was called to attend Mrs. M—, an Irish woman, about thirty years of age, in her fourth confinement. I found her in a painless and almost pulseless condition, and learned that she had been taken in labor on the afternoon of the previous day; that her pains were regular, and continued through the night, at times very severely, till about 11 o'clock in the forenoon of the day following, when, in the midst of a tremendous pain, as the attendants expressed it, something seemed to break, to give way, and all pain ceased. From that time till I saw her she had no pain, but lay in a sinking, semi-conscious condition. On examination, the uterus was found empty and contracted. Extending the search, the hand came in contact with the glazed, smooth surface of the peritoneum, and high up in the abdomen was the fœtus, detached and dead. Withdrawing my hand momentarily, to relieve the pain of muscular contraction, there followed a discharge of what I am confident was urine. The hem-

orrhage also was very copious. An effort was then made to deliver, at first ineffectual, from the lodgment of the head above the pubes. Finding an arm, the feet were secured, turning effected, and delivery soon accomplished, at expense however of a fracture of the humerus of the dead foetus. The placenta immediately followed, and a messenger was despatched for the priest. Stimulants were freely given, with but little if any effect upon the pulse. Hemorrhage continuing, cold compresses were applied; but by this time the patient was *in articulo mortis*, and in a short time died.

While making the first examination, I convinced myself that the uterus was unruptured, and that the child, expelled therefrom, had passed up into the abdominal cavity through a wide rent or laceration of the vagina. The placenta also had accompanied it. I am quite sure also that the bladder was ruptured, from the fact that a large quantity of urine escaped, and that the organ could not be discovered or distinguished. Of the woman, I learned that she had had quite a comfortable period of gestation, that she had labored quite hard in the care of her family, and that in the morning of the day on which labor commenced, she had done a large washing. No trouble had occurred at her previous confinements.

PROCEEDINGS
OF THE
ANNUAL MEETING.
1869.

PROCEEDINGS
OF THE
TWENTY-NINTH ANNUAL MEETING, 1869.

THE meeting was held in the Meionaon, in Boston, on Wednesday, April 14, 1869, commencing at 10 A. M.

The records of the last Semi-annual Meeting, and of the meetings of the Executive Committee, were read by the Secretary, L. McFARLAND, M. D., of Boston.

The President, H. L. CHASE, M. D., of Cambridge, then delivered the opening address. (ART. XXIV.)

J. H. KIMBALL, M. D., of Lynn, having been duly examined and approved for membership, was by ballot unanimously elected a member of the Society.

The Treasurer, T. S. SCALES, M. D., of Woburn, presented his report, which was accepted. The debt with which the Society commenced the year is all paid, and there are twenty-nine dollars in the treasury. There are outstanding bills sufficient to absorb this ; but again, there are one hundred and twenty dollars due from delinquent members, most of which will probably be collected.

The report of the Committee on the Library was presented and accepted. It appears that there is a book-case

at the Dispensary Rooms, containing a considerable number of books. The important accession to the library, the gift of the late Daniel Swan, M. D., of Medford, is waiting to be properly catalogued. A book for this purpose has been recently obtained by the Committee, and it was thought that these separate elements would soon be combined into an actual library.

The Committee on Publication reported that nothing had been published during the year for want of funds. Report accepted.

The report of the Committee on Pharmacy was read and accepted. (ART. XXVIII.)

ALVIN M. CUSHING, M. D., of Lynn, read a proving of Bromide of Ammonium, which was referred to the Committee on Publication.

Dr. HEDENBURG, the Committee on Clinical Medicine, reported that he had received but one communication,—from Dr. Cushing, who had found that the prevailing influenza was benefitted by *Arum triphyllum*. *Rhus tox.*, *Arsenicum*, and *Lachesis* had also been of service. *Pulsatilla* had been very efficient in drying up the milk on weaning, and he thought that a supply of milk could not be kept up while *Puls.* was administered. In spasms, with grinding of the teeth, he had used *Phytolacca* with success.

The President had found *Petroleum*³ a remedy for the sore throat which follows scarlet fever.

Dr. E. P. SCALES had found *Petroleum* efficient in obstinate cracks in the ends of fingers.

Dr. L. G. LOWE had used *Petroleum* for the papular eruptions of the face which sometimes occur in young men about the age of puberty.

The remark of an allopathic physician in Washington was quoted. He always expected to lose his diphtheritic patients where kerosene was burned in the sick-room.

G. M. PEASE, M. D., exhibited several surgical instruments, including a new mouth-speculum; a three-bladed vaginal speculum with probe; and Storer's modification of the two-valve speculum; also the double-lever tourniquet of Dr. Samuel Gross.

The President exhibited Dr. Chas. H. Allen's tongue-depressor,—very light, simple and cheap. Any one who can bend a piece of wire can make one. It consists of a piece of wood for the handle, with a stiff wire shaped like the letter U, opening from one end.

Dr. J. H. WOODBURY, Chairman of the Committee on Obstetrics, reported several cases of eclampsia; one by Dr. H. B. Clarke, of New Bedford; one by Dr. Thayer; five cases, in four of which *Bromide of potassa* exhibited the most favorable results. In the last case, which proved fatal, the remedy produced little effect. Under homœopathic treatment there has been less mortality from eclampsia of late years than under the allopathic practice, in which too much reliance seems to be placed on anæsthetics.

Two cases from Dr. W. B. CHAMBERLAIN, of Worcester, showed the value of *Phos.*³⁰ for mammary fistula.

Dr. O. S. SANDERS recommended *Hydrocyanic acid*³ in eclampsia.

The report was accepted, and referred to the Committee on Publication. (ART. XXVI.)

The Board of Censors reported four applications for membership, which were referred to the Executive Committee.

Attention was called to the very large photograph album presented to the Society by F. H. Krebs, M. D., of Boston, and members who have not already done so were requested to contribute their photographs.

Dr. KREBS read a paper entitled "Our Privileges." (ART. XXVII.) He closed with a motion that a committee of five be raised to adopt plans to secure funds for this purpose. The paper was referred to the Committee on Publication, and the motion was carried. The Committee appointed by the President consisted of Drs. F. H. Krebs, I. T. Talbot, D. Thayer, J. T. Harris, and G. M. Pease.

Dr. SWAZEY gave notice of a motion of reconsideration, in order to open the matter for discussion at a proper time.

Dr. THAYER exhibited a croup membrane expectorated on the previous Saturday forenoon after the administration of *Hepar*³ and ³⁰ and *Spongia*. A new membrane was formed, and the patient died forty-eight hours after. The pulse was one hundred and forty-four an hour or two before throwing off the membrane, but sunk to one hundred and twelve after it, and the breathing was relieved. The tonsils were not enlarged. Age of patient, six years and nine months. The breathing sounded like the noise produced by sawing a very thin board.

At 1 o'clock, P. M., a recess of an hour was taken; and, on invitation, the members retired to the Social Hall, and partook of a collation provided for the Society by the Boston members.

AFTERNOON SESSION.

The election of officers for the ensuing year resulted as follows :—

<i>For President.</i>		
GEORGE W. SWAZEY, M. D.	- - - - -	SPRINGFIELD.
<i>Vice Presidents.</i>		
HENRY D. CLARK, M. D.	- - - - -	NEW BEDFORD.
JOSEPH P. PAINE, M. D.	- - - - -	BOSTON HIGHLANDS.
<i>Corresponding Secretary.</i>		
S. M. GALE, M. D.	- - - - -	NEWBURYPORT.
<i>Recording Secretary.</i>		
E. U. JONES, M. D.	- - - - -	TAUNTON.
<i>Treasurer.</i>		
T. S. SCALES, M. D.	- - - - -	WOBURN.
<i>Librarian.</i>		
SULLIVAN WHITNEY, M. D.	- - - - -	NEWTON.
<i>Censors.</i>		
J. T. HARRIS, M. D.	- - - - -	BOSTON HIGHLANDS.
L. MACFARLAND, M. D.	- - - - -	BOSTON.
L. D. PACKARD, M. D.	- - - - -	SOUTH BOSTON.
GEORGE BARROWS, M. D.	- - - - -	TAUNTON.
W. B. CHAMBERLAIN, M. D.	- - - - -	WORCESTER.

Dr. THAYER called the attention of the Society to the approaching meeting of the American Institute of Homœopathy, at Boston, in June next. The last two meetings were held at New York and St. Louis. The receptions given to the members were of the most gratifying character, and the hospitalities were on a generous scale. Boston has, in all time past, enjoyed an enviable character for large-heartedness, and the coming test must not impair it. On this occasion, Massachusetts expects every member of the Homœopathic Medical Society "to do his duty."

Dr. TALBOT stated that the Institute met in Boston in 1847, and again in 1859. Both of these meetings were

comparatively large and interesting. They had been made very pleasant to the members, and the remembrances of those meetings excite anticipations of no small amount of pleasure on the approaching occasion. This will probably be the largest gathering of homœopathic physicians ever held. It will be no light task for us, though an agreeable one, fully to meet the expectations of our guests. They will not be disappointed.

Dr. SWAZEY remarked that we, who are the guests of the Boston brethren to-day, are, with them, to play the host in June. The capital reception we are now enjoying must be repeated on a more extended scale. Boston, though by some accounted the *Hub*, will share the honor of the occasion with all the rest of the State, and will receive the hearty aid of all the *fellows* of the Society. He had no hesitation in saying that the approaching session of the Institute would be the most enjoyable as well as the most valuable one yet held. All the homœopathic physicians of the State will gladly do their part in making this meeting a memorable one, never to be regretted by those who leave their distant homes and practice to spend four days with us.

No formal action was taken by the Society, but the subject was left as before in the hands of the Committee of Arrangements.

Dr. G. M. PEASE exhibited a patient of the age of about four years, with little development of body or mind, and continual restlessness even in sleep.

E. U. JONES, M. D., of Taunton, delivered the Annual Address. (ART. XXV.) Its motto was *Ars medica, est id quod est therapeuticum*.

Delegates from other State societies were here invited to take part in all discussions of the Society. Drs. Talbot and Lowe were appointed a committee to take the names of delegates.

Dr. SWAZEY moved a reconsideration of the vote to appoint a committee for raising funds for a hospital, which was carried.

Dr. Swazey said that the attempt to establish a hospital was commenced some years since. The establishment of a homoeopathic hospital concerns not Boston alone, but the whole State, and the plan should be well considered.

Dr. KREBS thought the committee should first propose plans and estimates, and then the way would open to finish the work.

After some further discussion, the former vote was affirmed.

The Committee on Delegates reported as present at the meeting,—Charles H. Burr, M. D., Portland, Me.; A. Morrill, M. D., Concord, and J. W. Drake, M. D., Dover, N. H.; and Virgil Thompson, M. D., and A. M. Woodward, M. D., both of New York city.

A report was received from the Consumptives' Home. It now occupies four adjoining houses, and is open to inspection at all times. It is doing a work for which no other hospital furnishes facilities. The whole number received there has been 392. In the last year 152 were received; of these, sixty have died, three were cured, and fourteen discharged, able to labor.

In the dispensary that occupies a room in this establishment, prescriptions have been made for 485 patients.

Unusual efforts have been made to obtain results, and about eight-tenths of the cases have been reported, and most favorably.

At about half-past four, P. M., the Society adjourned. The meeting had been unusually well attended, about one hundred members being present.

L. MACFARLAND,
Recording Secretary.

XXIV.

ADDRESS OF THE PRESIDENT.

BY H. L. CHASE, M. D., OF CAMBRIDGE.

GENTLEMEN OF THE SOCIETY :—

We are again called together, in accordance with our time-honored custom, to hold our annual meeting; to engage in discussions which will lead to mutual improvement in our profession; to form new acquaintances, and cement more closely the ties of friendship and esteem, which with some of us have for years existed.

I sincerely hope that this meeting may be one of those upon which we shall look back with great pleasure, and that nothing may be said or done at this time which shall in any way disturb that harmony which has always characterized our meetings. I extend to you all a cordial and hearty welcome.

By a clause in the Constitution, it is made the imperative duty of the President to deliver the opening address at our annual meeting. If, for the present, that clause could be erased, or could I in any other way be exonerated from the performance of this duty, I should be very glad; for I had much rather at this time be a hearer than

a speaker. This, however, being impossible, I am compelled to occupy your time. I shall do so very briefly.

You will have the kindness to suppose that the usual congratulatory remarks incident to these occasions have already been spoken, and will also wrap about you, as tightly as you please, that mantle of complacent satisfaction which we all may have in the rapid spread of homœopathy in the State and country; not so tightly, however, as to cover our eyes and prevent us from seeing the advancement that medicine is everywhere making; how the old idea of the tangible material entity of disease is rapidly passing away, and the dynamic theory taking its place; how the tendency of all scientific investigation is also in the same direction, away from the material to that imponderable force in and by which the material has its existence. Although we have, as yet, no means of knowing what *force* is,—the term force being used to express the mutually interchangeable, imponderable agents which we call heat, motion, light, electricity, magnetism, chemical affinity, &c.,—we do know that matter, *per se*, has no force. It is only while being changed or modified by these imponderable agents that force is developed, or made manifest to our senses, and we can study the laws governing the changes which the various developments of force make in matter.

All the processes of nature are governed by inexorable and unerring laws. The discovery of those laws and the method of their application constitute the great distinctive difference between the savage and civilized man. Our knowledge of those laws is obtained by the observance of facts, upon which a theory is founded; by the accumulation of other facts that theory is sustained, modified, or

another substituted, as the case may be; it seeming to be an absolute necessity of the human mind to have some theory, as a kind of central basis upon which it may rest, and from which it may project itself, in various directions, into the unknown. But the same facts, viewed from different standpoints, give rise to different theories; exactly as the same object, seen under a variety of circumstances, produces entirely different images upon the retina. But when these different images are compared with each other, the form of the definite object is impressed upon the mind. So different theories, carefully compared, result in the formation of Laws.

Whilst the body as to its materiality is subject to the same general laws which govern all matter, and is, as a consequence, constantly undergoing that change which is continually taking place in matter, there exists over and above this mere materiality a certain other dynamic principle—making itself known by effects which we call vitality, vital force, dynamic force, or whatever name you choose—which essentially modifies and changes these laws, holding them to a certain extent in abeyance.

What this principle of life is, we do not know. As far as human knowledge extends it exists only in connection with, and as a part of, organized matter. Like the other developments of force it cannot be separated from matter, it is only made evident to our senses by certain motions taking place in organized bodies. I speak not of the intellect, mind or soul of man, for I have no desire to trespass on the domain of theology. With the changes taking place in the body through this vital force we, as physicians, have to deal. It would seem almost as though there were two separate—at times antagonistic—forces at

work in the body: one, an absorbent force which grasps at everything, good or bad, much as a child seizes on everything that comes in its reach;—the other, an expelling force which, passing the good, seeks to drive out any and everything which is not compatible with life. So long as these are in harmony a state which we call health ensues, during which we have no disagreeable or painful sensations whatever; all the atoms of the body, like peaceful, law-abiding citizens, living in quiet, each attending to his own business. And this is all we know of health. But when the expelling force is called into excessive action it gives rise to certain unpleasant sensations which are called disease. The execution of the law in the body-politic always produces more or less turmoil, you know.

We have been taught and still continue to speak of disease as a tangible entity; a something existing separate and distinct from—but which by some means has got into and must therefore be separated from—the body. To a certain extent this is true. It follows as a natural sequence from this theory that those who believe in it must give those medicines and use those appliances which seem to attain this end. How often has the buffy coat been pointed out by the attending physician as the cause of suffering, in fact as the very essence of disease, while the poor weakened and prostrated patient, who has been deprived of twenty, forty, or more ounces of blood, congratulates himself upon being rid of this enemy to his peace and comfort.

Suppose an emetic to have been administered, vomiting induced, and continued till bile is thrown from the stomach. How could a man expect to be well with all that

nasty stuff in him? And what a triumph of skill to be able to effect such a result. But these are things of the past. Physicians are learning that these rash assaults on disease are only assaults on the body, and very frequently do more harm than good.

But adopting the other theory, that disease is an aberration of the vital or dynamic force, we must pursue an entirely different course of treatment.

As the imponderable agents perform their functions and are made manifest to the greatest extent in the ultimate particles of matter, or in matter in the minutest state of division, so all the normal changes of repair and decay in the body are carried on in the ultimate parts of the body, in those parts of which we have no cognizance save in the effects manifested in the mass. For instance, we know that the bones grow in foetus and child, but who has ever seen the particle of lime on its way to form that bone? or at the time of its deposition? Who has ever seen that portion of matter which, having performed its allotted duty in any part of the body, is being carried away? We know something of cell formation, that first starting-point in the growth of all organized bodies. We may see a cell grow before our eyes under the microscope, but do we know anything of the initial process? Can we see the particles of matter which in the aggregate constitute the cell wall? Even if we could, the force which causes this growth forever eludes our senses.

As I have said, this force is made manifest only by certain motions, and vitality may be considered as a mode of motion. May not disease have its origin in an arrest of normal motion, and the consequent effort of the vital principle to overcome that arrest?

Viewed in this light, disease is in fact the exercise of the recuperative force of the system; the effort of nature to restore the balance which has been disturbed.

I suggest this as a subject for your careful consideration, and will pass to another thought.

It is now believed by the best philosophers that the sun's rays are dependent upon matter in a state of the most inconceivable division of its particles, and an equally rapid motion of those particles. The revelations by the spectroscope, with which you are all familiar, proves this conclusively. Yet what an immense power is here present,—the very existence of the earth and all the things of earth being dependent upon it. The coal we burn, by means of which many of the processes of arts and manufactures are carried on, is but the solidified sunshine of former ages. The oil which is being pumped from the depths of the earth is that same sunshine in a liquid form. For ages it was thought that light and heat were the only characteristics of these rays; it was not until the time of Daguerre that anything was known of actinism. And now the attempt is being made—and will undoubtedly be accomplished—to use the power direct from the sun for the driving of machinery. Is not this a proof that in the divisibility of matter, under certain conditions, there is no *loss* of power? It is the conditions which make the power manifest. Again, suppose a battery of copper and zinc with two plates, each fifty feet square, no one would fear to make the connection through his own body;—but divide those plates into five hundred pieces, and you have developed a power sufficient to kill an ox. Is not this a proof that in the divisibility of matter, under other conditions, there is an *increase* of power?

Our every-day experience proves to us that many substances, which in the mass exert little or no effect in the cure of disease, when triturated, divided and sub-divided, become to us a great power to that end.

But a few more words. It has been said, with great truth, that "the practice of medicine is not a science, but simply an accumulation of facts." Now Homœopathy is the first attempt toward reducing these facts of medicine to a science,—let us see to it that the attempt does not fail in our hands. There has been bequeathed to us a great and noble work. Shall we carry it on? Shall we maintain and advance it? There is but one way; we must keep up the standard. I have nothing to say of Allopathy, for we have no time to quarrel; like the prophet of old "we are engaged in a great work, and cannot come down." I have nothing to say of Eclecticism. It may be well enough in its way, but Homœopathy is better, much better.

And now, gentlemen, the last words:—

KEEP UP THE STANDARD,—lower it not a particle, if you do 'tis Death.

XXV.

ANNUAL ADDRESS.

BY E. U. JONES, M. D., OF TAUNTON.

MR. PRESIDENT AND GENTLEMEN :—

When one sees for the first time a new and beautiful flower, that grows upon his fancy and makes him long for its possession, it is natural for him to inquire concerning its mode of growth, and especially as to its gradual evolution from the bud. So has appeared to me our great therapeutic law.

The axiom with which I would commence is one which has always been too much neglected, or rather has been completely reversed in nearly every one of those systems which have been established in ancient or modern times :

“*Ars medica est id quod est propter therapeuticum.*”
The medical art is that which exists because of therapeutics.

The origin of therapeutics as an art must be said to commence with the first effort ever made to alleviate the first disease that ever appeared, and the first real cure that was ever made must be reckoned its real foundation. But through what twisting and tortures has it not passed, and how slowly has it gained its present high position. But we anticipate in the future a higher and more glorious state for it, which shall somewhat make amends for the sufferings of the past. Anticipation is always more

pleasant than retrospection; the unknown gilded by hope, than the past clouded by remembrance. In the future no one sees failure, in the past the failures are the surest never to be forgotten. One reason, so far as science is concerned, may especially account for this fact. A success accomplished takes its place at once as a perfect and a finished thing, but a failure becomes notorious as a stepping-stone which makes the future success possible. And there is something in human nature which inclines it not to glorify that success too much which might possibly have been its own, and to rejoice in that failure, like too many of those which itself has made. In medicine the failure of certain theories and ways has always been the signal for science to take a more advanced position, and to take it at once, making it a new *point d'appui*, a new basis of operations for a more direct route to the objective point of perfection. In no science has this been more plainly evidenced than in that of medicine. The basis of all the success hitherto reached has been Experience rather than Law. But experience has never been a *reliable* basis. It can never answer the question, Why was this done in such a manner? Nor will a similar result always follow the application of the same force. It is simply a touch-stone deciding the value of a given force, —a judge, who, by weighing results, pronounces upon the validity or worthlessness of the premises which govern the action. It has more to do with the results of actions than with the deeds themselves, or the motives which led to them. Of itself, it is no guarantee for the future, but we do look to it as the interpreter of the past. It incontestably oftentimes opens the way to the discovery of law, but more negatively than positively, more by its

failures than by its successes. Hence the aphorisms of the ancients, based alone on their experience, have most of them been shown to be false by the extension of this very basis. What a world of labor those aphorisms cost, what an amount of thought and close collation of facts, can be easily understood by us, who have so often noted the inconceivable variety and constant inconstancy of morbid symptoms, who, even guided by law, have been so often puzzled to select the proper remedy to meet a particular symptomatic group.

Let us trace the experience which up to the nineteenth century has been the basis of every therapeutic theory.

The first and most natural result that followed the introduction of disease, and consequent death, into the world, was the endeavor to modify, alleviate, and render null the sufferings of mankind. The instinct which taught the beast of the field was not lost on observing man, and from it he doubtless gathered many hints that in progress of time grew to a general experience. Certain persons, having gathered more largely of this knowledge than others, became known as physicians. They, so far as we know, were from the class of servants,—and they are servants still; none more firmly bound to the interests of the public, and none more willing to serve their masters with freedom, fervency and zeal. It is evident that considerable therapeutical knowledge was early gathered, and the common love of man toward suffering man made each one ready to contribute his quota to the common weal. The ancient Egyptians exposed their sick by the wayside, that each one passing might look on them, and suggest, if any knowledge they had, something that had been known to do good in similar cases. Later, when all

the medical knowledge was allied with theology, the sick were brought to the temples to be cured, especially to those erected to Æsculapius, and these records were kept. Experience, thus repeating itself, collated in these rude records in a most rude and imperfect manner, added a little to the general knowledge. But it was manifestly for the slower and more chronic forms of disease that the treatment was adopted, and weeping friends could only look upon one suffering from a sudden and acute attack, and after exhausting their simple means, commend him to the gods, and sadly await the last gasping evidence of the sundering of the mortal tie.

So long as ever this imperfect medicine stood upon its own basis, so truly was a slow progress made; but when, ere long, it came to be joined to the religions, and all its knowledge to be absorbed by the priests, true progress stopped. The ancient nations, as do the heathen of the present day, believed that disease was but the manifestation of anger in the deities they worshipped, and the priests took care not to lessen this belief. The natural result followed, and incantations, prayers, charms, amulets, and other devices calculated to impress the imagination and create faith, were more resorted to than the more legitimate herb. Ignorance is the mother of superstition, and where an easy sway is held by its lazy means, the needful and persistent toil to advance a true science is ignored. Accident, rather than design, discovered the applicability of new remedies to old diseases, and he who, by a new remedy, could cure a case uncured before, was considered greatly loved by the gods.

But general knowledge advanced, while for a long time medicine seemed to remain asleep. It awoke, however,

when again the laity obtained it, and so powerful did this influence become that the priests were compelled in self-defence to make known all the therapeutical knowledge they possessed, and the theories which guided them in its use.

Experience, Empiricism, was still the basis of all therapeia, and all the lauded wisdom gained was but the wisdom of a pure empiricism. Nothing of true science lent any cloak to cover it, but guess-work and religious incantations formed the whole. The constantly varying circumstances under which disease was ever recurring embarrassed every prescription, and overthrew every so-called fact almost as soon as announced. There were two points, however, to which the physicians of that early day gave close and successful attention: physical cultivation and general Hygiene,—and it is only within a few years that we have developed more knowledge upon those points than they possessed.

Behold in this the whole substratum of our present medical knowledge.

But in the lands whence we have derived the most of our information, general wisdom and philosophic knowledge were increasing, and medicine, under the name of physics, could hardly be long without some theory and some attempt at classification. At the various temples and shrines, and among the various persons who, either as gymnasts, philosophers, or priests, exercised the healing art, there existed quite a number of crude clinical cases, which, gathered together and classified according to the different regions of the body, formed the first attempt at a scientific basis. The observations of disease had ex-

tended from chronic to acute diseases, and physicians no longer expected such cases to be brought to them, but instead paid them professional visits. Seldom more than one or two visits were made to an acute case, and those more to determine the diagnosis and prognosis than to watch the results of remedies. The observations now made were very close and thorough, and the proficiency in diagnosis and prognosis attained by the physicians of that day, guided by no further anatomical or physiological knowledge than they possessed, was truly wonderful. They were, of course, confined mostly to objective signs. Following Hippocrates, every expression of the patient was noted, every change of feature, every flexion of the body, in fine every departure from a normal state. All such indications were thoroughly studied, compared with others, and a judgment rendered. "As for me," says Hippocrates, "I cannot divine; but I will describe the symptoms that will enable you to judge which of your patients will recover and which succumb, and whether they will recover soon, or be long sick." But previous to Hippocrates, all their wonderfully close observations did not reveal to them any law or guiding principle for the administration of drugs. In similar cases, such and such a course has resulted in the recovery of the patient, and consequently it is to be recommended now,—the very rule which governs the prescriptions of our numerous old women of the present day,—was the sole and guiding principle. If good did not result from such administration, no one could tell the reason why. Still they gathered more facts, made observations, and continued hoping that soon the great principle that controlled disease, and that would point out its remedy, would be vouchsafed to

them. But the observers increased and multiplied, and their studies extended over long years, and in different climates, but the great therapeutic principle was no nearer. Almost mournfully does the Master write the well-known aphorism, and hundreds of illustrious practitioners since can say with him, "Art is long, life is short, opportunity fleeting, experience deceptive, and judgment difficult. It is necessary, not only that the physician do all he can, but also that the patient himself, as well as his attendants and friends, coöperate with him."

All medicine became joined to and a part of a philosophic theory, for it is impossible that a physician could long practice with the amount of knowledge that had been obtained up to the time of Hippocrates without forming to himself some theory both of disease, and the application of remedies. And the theory most prevalent, usually ascribed to Hippocrates, and now called the humoral, determined four distinct cardinal humors in the body, the blood, bile, phlegm, and atrabile. Health depended on the perfect combination and exact proportion of these humors, and disease was a disturber of the exactness of this combination by one of four elements, heat, cold, dryness or moisture, and health could not be restored until the perfect maturation of the disturbed humor, and its elimination from the body. This constitutes the theory of coction and crisis, so ably held by Hippocrates and his followers, and which has no small influence over the practice of the present day. Now presents itself to us, as the result of this theory, the enunciation of the first therapeutic law, *contraria contrariis curantur*. Its statement was something thus: "Such curative means should be employed as would be contrary in their action in the

economy to the generative cause of the disease, or to the primitive and essential lesion, with which all the other symptoms are connected. Consequently great efforts were made to obtain exactly, for each nosological species, its origin, its determining cause, or the phenomena which essentially constitute it. Then search was made among known remedies, for those whose physiological action was the most directly opposite to the essence of the disease." This aphorism was generally adopted and the treatment of diseases, and the study of remedies conducted in accordance with it. But even then the law was sometimes denied to be of general truth, and by one school it was expressly stated, that "diseases are sometimes cured by contraries, sometimes by similars, and finally, sometimes by remedies which have neither similitude nor opposition," But this law, enunciated in those far off ages, has been the controlling one to the present day. The most careful, and as we may say, the most scientific of the old physicians, were careful that the law should act as far as possible in aid of the efforts of nature. According to them the coction or maturation of the materies morbi was more liable to take place on certain days, termed by them critical days. And the crisis showed itself by an evacuation of the morbid humor, either by the skin, urine or stool. If nature could accomplish this all was well, if not, the art of the physician must be called in, and that medicine employed which would determine the evacuation of the present material, in that way which nature herself indicated. In this was the whole and sole therapeutic art, and, until the present century, how little advance has been made over the teaching of the sage of Cos.

It may be noted that up to this time there is no evidence of multiplicity of drugs in one prescription.

For the centuries preceding the Christian era, no proper *materia medica* had ever been attempted, nor was the natural history of plants studied. It sufficed to take them as experience presented them, use them as experience taught, rejoice if they were successful, and wonder and submit if they failed. But the earnest love of Alexander for science, the teachings of Aristotle, the revived interest in knowledge, the wonderful library of Alexandria gave a strong impulse to the science of medicine. Dissections were then allowed, and the permission once given, anatomy and physiology made rapid progress. Therapeutics began also to receive more attention, but in a manner which showed the unsatisfactoriness of its previous state and law. Very many new remedies had been added to the *materia medica*, and they seem to have been used with the freedom with which a spendthrift uses his fortune. But one thing is still notable,—and is equally so at the present day,—that it is only experiment, and more commonly accident, which discovers the virtues of a new remedy. But it was not then, nor is it now, proper to acknowledge the therapeutic value of a remedy, unless its action can be explained on the particular medical theory most prevalent. Polypharmacy came into vogue, and the physicians sought certainty of action and rapidity of cure in the compounding of many remedies into one, whose sum total of action should represent the virtues of each special medicament unchanged. As chemistry had made no advancement, and in fact was hardly known in connection with medicine, no attention was paid in these prescriptions to the compatibility of these ingre-

dients, and I cannot say that all the physicians of the present day have greatly improved upon those of 1800 years ago. What, however, the ancients lacked in knowledge they made up in the multiplicity of their ingredients, 30, 40 and 50 being sometimes used. What a confession this very polypharmacy is of the weakness and falsity of the law by which they professed to be governed.

As time passes on, and Claudius Galen takes his place at the head of the medical profession, a change is observed in the application of remedies, though the Hippocratic law is still acknowledged. But Galen had far more knowledge of the human system than his great master, for the schools of Alexandria had been opened to him, and all the knowledge that had been stored in its great library. The new thoughts that had poured in upon the medical mind, by the privileges of dissection, had shown him many of the errors into which previous philosophers had fallen, and gave him the opportunity of advancing new ideas of the nature and origin of disease. These new views necessitated new views of the action of remedies. He divided the action of all remedies into primitive and consecutive, and asserts that the one state is different from, and often antagonistic of the others. The primitive action he considered to depend on one or two marked qualities; the consecutive action is that manifested after the primitive effect and as a consequence of it. But he still maintained that whichever effect was desired, it must still be contrary to the genius of the existing disease. These theories led him in all his researches to endeavor to penetrate the essence of disease that he might apply to it the true contrary action of his remedial agent. As resulting from this theory he gave to the world a closer diagnosis,

and a better description of disease than had previously existed, and as an accurate study of disease involved an equally accurate study of medicaments, a long step in therapeutics was taken.

All these various changes mark the futility of the law *contraria contrariis*.

But living with no small vitality and philosophic force at this same time was the doctrine of the Empiricists. These did not seek—like the Dogmatists—to combat some occult and fanciful cause of disease, but boldly proclaimed that disease was only known by its outward manifestations as they present themselves in *one* clearly defined and persistent form. Nor did they confound symptoms with the disease, but regarded each one as an isolated phenomenon, only of value as it went to make the aggregate. This aggregate of symptoms, or pathological states steadily repeating themselves in different patients, they considered the disease and named it, either from the seat of the principal lesion, or from the constant appearance of some dominant symptom. They thought that disease should be studied a great number of times thoroughly from its beginning to its end in persons differing in age, sex and temperament, and in all the various forms under which it could be manifested. Thus the mere name of a disease, or its nosological status in the theories of the day, was of no importance to them, for it represented to them only an assemblage of morbid symptoms. Their observations were committed to paper, and the theory of medicine of this school thus became, and was, only an extremely well observed collection of clinical cases, and their therapeutics were necessarily of experience. They rejected the hippocratic law of *contraria* and

asserted in its place this law: Those remedies which have cured one case of disease will cure all cases analogous to it. They clung to no other principle, saying that diseases have been cured by their contraries, by their similars and by those medicines which were neither contrary nor similar to the disease. But not all diseases could be studied as thoroughly and well as the doctrine of the Empirics required, and new diseases and new forms sprung up for which they had no precedent, or, in treating a case, they were unable to obtain the historic remedy. Thus came in their supplemental theory of analogism, and it was this: If a disease manifests itself which has not been known before, search among the historical relative clinical cases, or one's own experience, for that disease which bears the nearest relationship to it and treat the new disease as the old one was treated, or should a remedy be lacking seek that one which has the closest similarity to it. This was a great step gained in therapeutics, and one which we should expect would never have been lost. But it stood alone, unallied to any philosophic theory or glittering generalities to gull the intellectual faculties of man, and it died. Was it only that the world was unworthy of it, and that the truth, which this sect only grossly touched upon, might in our own age be worked out, and verified into a beautiful life by our own immortal Hahnemann that it died? The world was not ready for it. Absorbed by speculations, dazzled by philosophic theories, dazed by the small amount of medical knowledge it had gained, it believed nothing that was grand in simplicity, only that which was grand in marvelousness. The world was not ready for it, and it is reserved for us who are members of the present, to nurture

into its full-grown stature that beautiful truth which lay hidden here and which our great master found.

From this time, medicine, especially in its therapeutics, had no wonderful or new record. It fell into the hands of the clergy, who, absorbed in other duties, did nothing to advance the science of medicine, and nothing with the exception of introducing a few simple remedies to increase the knowledge of therapeutics. The law of Hippocrates and Galen still held sway. Surgery became separated from medicine proper, but made no marked advances till the time of Ambrose Paré. In the latter part of the 17th century, however, arose several who endeavored to form new theories and introduce a modified therapeutics. The iatro-chemical school came into existence, which, considering man as a chemical compound, endeavored to cure his diseases by correcting his combinations. The knowledge manifested by these empirics showed that the pathological effects of many remedies were well known, and that suffering humanity had been pretty well poisoned by them. The fermentation theory, the iatro-mechanical, &c., &c., came up in their places, but without essentially changing the ancient therapeutic law, each seeming to realize its falsity, but each failing to enunciate a better. Boerhaave, Hoffmann, Stahl, Cullen, Brown and Broussais all presented their different theories, slightly modifying their therapeutics to suit. Gradually and slowly each new theory gave a stab to the universality of the Hippocratic law, bringing changes, until the sum of therapeutic science was collected in the allopathy of to-day, which recognizes every mode of cure, and has no further basis for itself than had the therapeutics of the earliest times, namely, experience.

But earnest minds were working, and earnest thoughts were being born, destined to change the false, exalt the true, and make that total change in therapeia, the need of which had so long been felt and so vainly striven for. Hitherto every vagary which could enter the mind of the physician formed a medical theory, and therapeutics must bend and be contorted to suit it. At the commencement of this century the celebrated Bichat says of the *materia medica*: "An incoherent assemblage of incoherent opinions, it is, perhaps, of all the physiological sciences, the one which shows plainest the contradictions and wanderings of the human mind. In fact, it is no science at all for a methodical mind, but is a shapeless conglomerate of inexact ideas, of observations often puerile, of illusory remedies, and of formulas as oddly conceived as fastidiously arranged." Pinel says: "That therapeutics, or the methodical treatment of diseases is one of those parts of medicine which must undergo a general reform." Another writer, in review says: "Thus then there exist in medicine three different doctrines, and these doctrines are not distinct from each other by mere shades of difference, they differ in their essentials, they exclude each other mutually, and contradict each other reciprocally." With regard to the lack of a true therapeutical law another celebrated writer says: "Into what errors in the use and denomination of medicines have we not been led? When the theory of obstruction was in vogue deobstruents were created. Incisives sprang up when the theory of the thickening of the blood became the favorite idea. The expressions diluents and attenuants, and the ideas that were attached to them arose at the same epoch. When it was necessary to obtund acridity

inviscants, &c., were created. Identical means have often had different names, according to the manner in which they were supposed to act—deobstruent with one, relaxant with another, refrigerant with a third—the same medicament has been employed in turn with different and even opposite views, so true is it that the human mind marches at hazard, where the vagueness of mere opinions guide it.” Such words are cutting, and the more so because so true. They are no less applicable to the therapeutics of the present allopathy than to the former enantiopathy.

It was in the midst of this incongruity and uncertainty that the great law of cure, *Similia similibus curantur*, was evolved. Not evolved from a philosophic theory, making therapeutics bend to it, but born of therapeutics herself,—a glorious birth!—and by its wonderful workings and never failing results, proving that it had the sire-ship of Truth. Men may make what medical or philosophic theory they will, this law from such parentage can never be made to truckle to it. It stands alone, unaided by theory, unneeding extraneous assistance, yet strengthened day by day by that very experience which all other theories and laws are invoking for their own support. It stands alone uncringing, yet daily strengthened by the very foundation stones of all other systems. It stands alone strengthened by the very violence of the storms it has had to encounter, and when the memory of these shall come over you let me also urge you to remember the strong and beautiful appeal of our President to which you listened this morning and act. It stands alone, stronger every day by the stubborn stony facts which

we its votaries are daily heaping around it. A glorious ,
birth ! imperishable ! immortal !

Ars medica est id quod est propter therapeuticum.

XXVI.

REPORT OF COMMITTEE ON OBSTETRICS.

J. H. WOODBURY, M. D., CHAIRMAN.

CHLOROFORM IN PUERPERAL ECLAMPSIA.

BY H. B. CLARKE, M. D.

Case 1.—About a year ago I was called in the evening to attend a young woman of eighteen in labor with her first child. The patient, a mill operative, was of medium size and stoutness, and seemed to be in good condition, except that she manifested great fear of the approaching labor, clinging to her husband and crying in the most hysterical way after I had entered the room.

An examination showed the os to be slightly dilated, a normal presentation, pains rather infrequent with but moderate expulsive force. Prescribed *Puls.*³ and left her. Soon after midnight I was recalled. Labor was progressing naturally, the pains were regular and strong, causing the head to come down nearly to the external opening, when about 2 o'clock A. M. after a short period of dullness in her manner, she suddenly drew up the right leg (she was lying on the left side) and with a loud cry became violently convulsed.

During the time (about one hour) occupied in sending for chloroform and forceps and effecting delivery, the convulsions returned with each pain every ten to fifteen

minutes. After delivery (of a dead foetus) they became less frequent and less violent. Remembering her great fear and anxiety at the outset, I prescribed *Acon.*² and retired.

At 8½ A. M. I received a message that she was getting much worse. Visiting her found that there had been apparent improvement for a time after I had left her, there having been one interval of an hour without a convulsion. During the preceding hour, however, the convulsions had returned more frequently and severely, and now recurred every 5 to 10 minutes. She had bitten her tongue and cheeks badly, and her face was much swelled. Placing a piece of soft wood in her mouth which fixed her jaws apart so that there should be no further injury from biting, I proceeded to administer chloroform as freely as when putting a patient under its influence for an operation. I endeavored particularly to anticipate the convulsion by a very free administration of the anæsthetic at the moment of its threatened return. After such a trial of about an hour, I decided that chloroform would do no good, and prescribing *Ignatia*² in order that something might be done rather than expecting any good from it, I again left. Returning about 11 A. M. I found the patient had grown rapidly worse, the convulsions having become almost constant. Her appearance was shocking in the extreme. Her face was livid and swollen out of all likeness to its original form, her tongue enormously swollen, protruded from her mouth, whence oozed a bloody froth; her chest was heaving violently and rapidly with a regular mechanical sort of movement, her breathing was loud and stertorous, and it appeared as though death was certainly close at hand. After standing by her bedside with her

friends for some moments, fully convinced that such a struggle could have but one termination, I at length resolved to make her inhale all the chloroform I possibly could, and proceeded at once to apply a napkin very wet with it, closely covering her mouth and nostrils. I expected her to die during its administration, and told her friends that I only hoped to render her death less distressing. To my surprise and delight, however, I found that the chloroform when thus administered served to check the convulsions, and the result was that within an hour she was relieved of the more violent phenomena. The free use of the chloroform was then suspended. There were slight convulsions up to 5 o'clock P. M., and occasional use of the chloroform was continued up to 10 o'clock A. M. the next day, when partial consciousness was manifested. From this time on she rapidly recovered. No examination of the urine was made at this time. Since then having become again pregnant and feeling apprehensive of a repetition of the convulsions, I have been consulted, and have tested the urine for albumen a number of times with negative result. She is now hopefully awaiting her second labor.

Remarks.—I was aware that the use of chloroform in puerperal convulsions is very common, but this case seems to show that its abundant use may in some cases be necessary.

Guernsey, in his work on Obstetrics, while giving a long list of remedies for this affection makes no mention whatever of this agent.

This omission in the leading work on homœopathic obstetrics seems to me a serious one, for while the preëmi-

nent efficacy of chloroform cannot be doubted by those who have used it, its homœopathicity is undeniable. I doubt if any drug known to medicine is capable of producing a group of symptoms more closely simulating eclampsia than this. For the predisposition to this affection, and for the sequelæ following, a great number of medicines may be advantageously consulted with a view to meet the individual indications, but when convulsions are actually present all minor peculiarities are usually overwhelmed by their characteristic phenomena, and I am confident that generally chloroform will be found of more value than all other remedies at present known.

Dr. Holcombe, in the *U. S. Med. and Surg. Journal*, Vol. 1, p. 368, renews a recommendation which he first made some years since in the *N. A. Journal of Hom.*, to inject chloroform in sweetened water within the rectum. I have tried this method in three cases but without benefit in either. The injection always seemed to distress the patient, and there was difficulty in causing it to be retained, the rectum being apparently stimulated by its irritation to strong expulsive efforts.

BY DAVID THAYER, M. D.

Case. 2.—Mrs. M. of lymphatic temperament and light complexion, primipara, supposed to be eight months pregnant (or $8\frac{1}{2}$ months at most) on the 27th of Jan. 1868 was attacked with most frightful convulsions, as was supposed two to four weeks before the expected confinement. I administered Sulphuric Ether by inhalation and gave Belladonna at the intervals between the convulsions, and called Dr. J. H. Woodbury in consultation, who advised

the continuance of the anæsthetic and the Belladonna for two hours. In the mean time Dr. Mercy B. Jackson was called in. At this time there was scarcely any dilation of the os uteri, and the labor seemed hardly begun. After consultation Dr. Woodbury ruptured the membrane, and in a very short time, with forceps, delivered the patient of a dead foetus. Gave Stramonium. The convulsions continued through the night, but at longer intervals, during which the patient continued in a lethargic sleep with stertorous breathing.

28th.—No improvement since yesterday. Gave Cicuta and passed catheter.

29th, and 30th.—The convulsions have subsided, but the lethargy continues.

31st.—Better. Thirst; restlessness; headache; feverish. Gave Aconite.

Feb. 4.—Fever and headache. Belladonna. Conscious only at intervals. Lethargic sleep continues.

Feb. 9.—She complains of pains in hepatic region; headache which extends into the nape of the neck and loins; no lacteal secretion. The pain in the hepatic region extends through to the back and across the body; great tenderness on pressure in all parts; dull and heavy aching pains in arms and legs, chiefly above the knees and anteriorly; pulse 90. Skin soft, moist and not hot. These symptoms strongly indicating the approach of phlebitis, I gave Belladonna³⁰, diluted (to be followed by Belladonna²⁰⁰ if necessary.) The next day, the

10th,—Found her much better. All the symptoms were greatly moderated. The headache was *entirely* gone. She was perfectly conscious with no mental aberration. She

smiled when she spoke, seemed quite cheerful and happy, but the sensation of heaviness and the aching pain in both arms and both legs still continue in about the same degree of severity. This is a case of phlegmasia alba dolens. Belladonna²⁰⁰ diluted., a dose every two hours.

11th.—Found the patient much better; pulse 84; headache nearly gone, except when she moves; the pain goes through the eyes, temples, top of the head and down the back of the neck. The pain and sensation of heaviness in the arms are gone, but the legs still feel heavy and the aching in them continues. Pain in the liver is sharp and extends across the body to the left hypochondrium and to the loins. She says this pain is the same that she felt just before the convulsions, and the same as that she had when only a month pregnant. Belladonna²⁰⁰ diluted; dose every two hours.

Up to this time the patient was doing well, and the Belladonna has accomplished all that we had reason to expect from it, but from a sudden fright, caused by the falling and breaking of a tumbler, she was at once attacked with hysterical spasms, with aggravation of all the pains. Gave Hyosciamus³, diluted, which relieved her.

13th.—Better. Continue Hyos³.

14th.—Milk began to ooze from nipples, but there is no enlargement of the breasts. Has had no hysterical spasms since taking the Hyosciamus.

15th.—Strabismus; both eyes wide open and turned inward and upward. Continued Hyosciamus every hour, which was followed by immediate improvement.

16th.—Better. Hyos.³. She continued to do well till the 21st, when from some unknown cause the headache

and the symptoms of phlebitis returned, accompanied by general anasarca, pains and sensation of heaviness in the legs. Passed large quantities of pale urine. A leucorrhœa remained, for which she took various remedies and at length recovered her health, except that she was troubled with pains and tenderness on pressure in the hypogastrium, all of which finally disappeared with the healing of the ulcers of the os uteri and the leucorrhœa.

MAMMARY FISTULA.

BY WILLIAM B. CHAMBERLAIN, M. D.

Case 1.—Two cases coming from under allopathic treatment during the past year have been treated successfully, the cure being complete in two or three weeks.

The first case had been under old school management for four months. The fistula was on the lower half of the right breast, constantly discharging pus and milk. The patient was much debilitated and disheartened.

I searched our authorities and found in "Croserio's Homœopathic Obstetrics" the following encouraging paragraph :

"The efficacy of Phos.^{30th} in mammary abscess shows itself quite as remarkably in the cure of the rebellious fistulæ of these organs resulting from allopathic treatment, as in the hardness of the mammary glands remaining after the opening of the abscess by the knife." Treatment in this case was Phos.³⁰, internally every four hours,

and a poultice of common blue clay applied over the fistula, to be repeated every two or four hours, or as often as necessary to keep it cool and moist. In three or four days I saw the patient again, and found the breast much improved. Proud flesh around the opening was touched over with the solid stick of *Nitrate of Silver*. This was repeated every third or fourth day till the part was healed.

The patient called on me at the end of the fifth week, saying, that the child received a large share of its nourishment from the breast that had been fistulous. The second case I did not see, but ordered the same treatment (by letter) which resulted in a cure in a little over two weeks.

The clay poultice (clay and water) is a favorite application here to varicose ulcers. In this city the clay is obtained from our iron foundries.

Mammary Abscess.

Since writing a report of cures of mammary fistula, I have thought, that, as prevention is better than cure, I would "tell my experience." The causes mentioned in books are not sufficiently numerous to prevent much mischief. Tell the nurse *not* to give *gruels* in quantities during the first few days, but rather give bread, toast, crackers, tea and cocoa in moderation. I would prefer that my patients should have a good beef steak or roast turkey than a quart of gruel or slops. Liquids in large quantities are absorbed, the capillary circulation is over-worked and the breast fills with watered milk to a bursting point. Explain this to mother and nurse, and save the mother much suffering, the nurse great trouble, and increase your own reputation.

Second.—Do not let the mother hold the child too long on one arm. Explain that there are muscles (pectoral) running from the arm down under the breasts, and that holding the child too long on the arm brings a congestion there that makes the hardness in the breast, which, without care, will be followed by abscess, fistula, and a list of ills that embitter life.

A case in point. Mrs. Nye, scrofulous, five years ago had an abscess of the left breast. Her physician, a careful prescriber, treated her several months without the slightest relief and gave up the case, saying, “use anything that offers any promise of relief.” At the end of seven months the breast was healed under the use of an ointment, made by the nurse, of spearmint, poppy heads and lard simmered together.

Last year, after confinement, another mammary abscess threatened to appear from the same cause, *i. e.*, holding the child in the arms too much. Congestion took place, which presented the usual appearance of ague cake in the breast. The lady said, “I don’t see how I could have taken cold. I have been very careful about exposing my breast or taking cold in any way. Baby was worrisome, and I held him more than usual.”

Ordered no rubbing of the breast, but *gentle steadily increased pressure* over the swollen part until the blood and milk were pressed away, and the breast became soft and nearly free from soreness. This was done in about twenty minutes. In one day there was no more trouble. A similar swelling occurred two or three times, but it could always be traced directly to using the arms too much, *i. e.* by holding the child, sewing, or overdoing in some

way, that brought the pectoral muscles into action too strongly.

I am indebted to our venerable friend, Dr. S. Gregg, for the idea of relieving swelled breasts by the pressure mentioned above.

Sore Nipples.—Dr. Newman, Eclectic, of Ohio, advises to wash the sore nipples as soon as the child is done nursing, dry them and wash them with the following:

R_x. Balsam of Peru, f. ʒj.
Sulph. Ether, f. ʒiij.

Mix.

This heals the fissure quickly, and does not harm the child. Tannin may be put on if the balsam does not dry and harden sufficiently. It is the safest and best *external* application. Give the specific medicine internally.

Another good remedy is Tannin and Glycerine, equal parts by weight. Heat mixes.

XXVII.

OUR PRIVILEGES.

BY F. H. KREBS, M. D., OF BOSTON.

MR. PRESIDENT AND GENTLEMEN OF THE MASSACHUSETTS
MEDICAL SOCIETY :

Having been asked by our worthy President to write something, and present it at this meeting, it is with pleasure that I avail myself of this privilege; therefore allow me to call your attention to a matter to which no reference has as yet been made in any of our meetings, and which is of great importance to the final success of homœopathy.

The first impression which any observer must experience in looking at the present condition of homœopathy, is the general progress which it has made in the last twenty years under the benign influence of a free government. One can easily see why progress should be somewhat retarded in countries under monarchial governments, where the good will towards a science or art frequently depends upon the caprice of a single individual; while, on the contrary, here, every science or art has a free scope to spread its wings as fast and as far as its intrinsic value and tenacity will allow, and is permitted to stand or to perish on its own merits.

At the same time let me not be misunderstood; this progress is only apparent, whilst in reality more has been done in Europe for the development of homœopathy as a science.

We shall therefore not be considered unjust, if we lay more stress upon our free institution, than upon the skill, activity and general management of the homœopathic physicians of this country, in advancing the progress of homœopathy.

There is probably not one homœopathic physician in this country, who has had to encounter such opposition and persecution from the allopathic ranks, as Hahnemann, his contemporaries and his immediate followers had to endure through a series of years in Germany. The founder of homœopathy was obliged frequently to change his place of residence in order to avoid the constant disturbing influences from doctors, apothecaries and magistrates; and after long years of toil and trouble, he was allowed to settle in Coethen, where the reigning duke had invited him to come and practice his profession without any further direct molestation.

The homœopathists of this country enjoy, as a general thing, more privileges, than in any other part of the globe.

We have incorporated colleges, hospitals, dispensaries and the right of dispensing our own medicines—a privilege which is still denied to homœopathic physicians in some of the German States. The self dispensing of medicines is a question consequential to scientific progress, and the practical development of homœopathy, and it is a wonder that homœopathy has not pined and died out in

those parts of the world where the physicians are still obliged to send their prescriptions to an apothecary.

The highest problem for homœopathy to solve is to heal the sick, but the physician who wishes to accomplish this should have the handling of his own remedies; he must be sure of their purity, and must prepare, to a certain extent, his own medicines, otherwise he cannot discharge his duties satisfactorily to himself nor to anybody else. Let us therefore be grateful for living in a country which does not deny us the privilege of dispensing our own medicines.

The members of this Society enjoy the same privileges, granted by charter of incorporation, as other physicians. We hold also charters for the establishment of a hospital and a college. The question arises, how shall these charters be made of use. Shall we exert all our energies to set them in operation, or shall we rest satisfied with having merely the charters, without reaping the benefits which would naturally follow if the privileges conferred were made practical?

Let us for a few moments examine whether homœopathy is worthy of the privileges which its disciples enjoy.

In considering the different works on homœopathy, from the *Organon* to the last production on the subject, we are taught that homœopathy has been called into existence by a succession of genuine experiments; by constantly repeated objective observations, the results of which have formed a solid foundation, one worthy and amply fitted for a physical science to rest upon.

This structure, bearing on its portals the inscription of "*Similia similibus curantur*," has nothing to fear from

any of our opponents, for it is a law whose existence is founded in nature itself, and not in mere speculation, and which demands a comprehension of the whole multiplicity of life as an organic unit, and not as a mere choice of hypotheses, for the latter cease to have any scientific value in the domain of Homœopathy; it is pure objectivity which claims our attention. Facts which are revealed by it must be received with an unprejudiced mind, with intellectual earnestness,—in other words, scientifically,—so that the different manifestations which are brought to light day by day may be collected systematically, in their organic coherence, and not in the form of a lumber-room.

To accomplish this, it is necessary to consider the different manifestations of life, independently of each other, and give to the mind a free scope, so that it may be guided by those rules and reasons which emanate from each individual case, and, if rightly considered, elucidate each other; and not follow the beaten track of our opponents, who allow themselves to be influenced by arbitrary precepts.

According to our mental conception, the different branches of medical science are but subordinate, as for instance, Anatomy, Physiology, Chemistry, Materia Medica, etc., are but parts of this organic unit; they are distinctly separated from each other, while collectively they form the true organic science of medicine.

Homœopathy has been developed from its very commencement from a true organic germ, and while cultivating scientific advancement, it has in its course united all the different branches of medicine into a harmonious whole; its law has been verified by experiments, derived

from objective observations ; its tenets have revealed how to retain and how to regain health ; its influence upon the sick is, according to the words of Hahnemann, always mild, prompt and durable.

Homœopathy, as an art of healing, has during the last sixty years demonstrated to the world that its treatment is more salutary, efficacious and rational than any other medical system. Its intrinsic value is the main reason of its great success. Its rays are growing more and more powerful, attracting to its shrine by degrees, numbers who followed the heathen worship in medicine, and as the latter become identified with the truth of Homœopathy, they accept it as the guiding star of their life's journey. Its treatment is never productive of direct harm, and all that might be said against it is this : that if the physician is unable to choose the right remedy, and the case a fatal one, his patient has died a natural death ; while under allopathic treatment the patient stands a poor chance either to be cured or to die a natural death.

Yet this very Allopathy, although a superannuated system of medicine, creeping along in a snail-like manner, languishing and almost dying for the want of truth within, yet stands apparently like a giant before the masses of the people, upholding proudly its head, supported by monopoly and despotism, which it has exercised from time immemorial without stint against all other systems of medicine.

In spite of this decrepit condition, the old school of medicine enjoys to the present day a greater patronage from the people and the government than any other medical system. It receives the greatest amount of money for the maintenance of hospitals, colleges and dispensa-

ries ; a princely munificence is yearly lavished on every one of its institutions ; thousands, yea, millions of dollars, are squandered for medicines of which, fortunately for the patients, the smallest part only is swallowed. I have seen with my own eyes that of medicines which are prescribed in the hospitals, only the smallest part is actually taken by the patients ; the rest is carried by the pailful from the wards, and is deposited in the waste-pipe.

The army and navy are exclusively supplied from the allopathic ranks, and the medical officers of the Commonwealth, the physicians of our cities, lunatic asylums, houses of correction and of industry, work-, and poor-houses, are still furnished by that school.

This despotism, which is exercised with an unblushing countenance, is patiently borne by the people, and submitted to by us, who know that it is in direct opposition to the spirit of the age and the freedom of this country. And I wonder how much longer an intelligent, free people will bear this state of things. Shall they continue to pay high taxes so that the allopathic institutions may be supported ? Shall they continue to send patients to allopathic hospitals who are homœopathically inclined, and who prefer that treatment ? Or will this great and generous people strive to give to every individual the same privileges in medical matters which they so much covet in religious affairs ?

Upon this subject the American people must assert their rights. Every citizen must be allowed to make his own choice when he becomes an inmate of a city or government hospital, whether he wishes to be treated homœopathically or allopathically. His life is his own, and the choice of his medical treatment his indisputable privilege.

At present, the believer in homœopathy is obliged, when sick, to trust himself, for the want of a homœopathic hospital, to allopathic care; and if he is thoughtless enough to betray any of his homœopathic proclivities he is in danger of suffering ridicule, and even persecution, at the hands of those from whom he expects help and comfort. Gentlemen! let us not rest satisfied, because the government tolerates Homœopathy. We must see to it that the government removes all direct obstacles which are in the way of a healthy development of our art, and it is not asking too much if we demand a direct furtherance of our cause. Then, and only then, will Homœopathy receive the necessary conditions for its existence, and a better chance for its further development. The people owe this to Homœopathy, and the government cannot much longer refuse it equal rights with other systems of medicine. This is too important a question to be laid aside. It deserves the earnest attention of the lawgivers, and our united support, until the triumph of our cause is secured.

Women want their rights, why should not men assert theirs?

Therefore let us agitate this question, let us bring it before the tribunal of the American people, and I venture to say, that the homœopathic physicians will soon have equal rights with the physicians of the so-called "regular school."

What would be the probable results from such a change? Thousands of valuable lives would be saved yearly, which of itself would prove to be a source of additional strength and increase of capital to the country.

Millions of dollars would be saved which are now wasted for medicines, and which would assist considerably toward paying the interest of our national debt. Furthermore, we would place homœopathy in that rightful position which it has a claim to hold, and would demonstrate to the people, by the practical exhibition of the greatest results, the hypothetical science of allopathy in contradiction to the true medical science of homœopathy. The eyes of the people would be opened as regards the uses of medicines, and in return, they would cease to waste millions of dollars yearly for quack medicines which send them to a premature grave. Homœopathy would in the future advance even more rapidly than hitherto; the people would accept it as a new revelation in medicine and appreciate its beneficent influence.

The different grades of society, from the king to the beggar, contain already some of the warmest friends of homœopathy. Its friends may be counted by the million, and therefore I think that it is our duty, as disciples of Hahnemann, to ask the people and the government to grant to homœopaths the same rights which the allopaths have had for centuries. It becomes our duty to secure those rights; we must be allowed to serve in the army and navy, have equal privileges in public hospitals, and nothing should prevent our progress until we have attained a complete success.

Let us keep this question constantly before the people until the majority of the inhabitants of this country are thoroughly imbued with the importance of the universal application of the law of homœopathy as a law of healing, and rest not until every man and woman in the land shall understand that homœopathy is a true science

of medicine, and that it has equal birth-right with the rest of natural sciences, and is therefore entitled to the rights of other medical schools.

Gentlemen, a united and harmonious effort on the part of the homœopathic physicians of Massachusetts will give us within a short time the necessary means for establishing a hospital, one which shall be dedicated, not to the exclusive use of high or low potencies, but to homœopathy. Every member of this society ought to take a pride in this matter, and assist to the best of his ability in furnishing the necessary funds.

It is quite time that we should cease to send our patients to allopathic hospitals, and do away with the calling to our aid allopathic surgeons, who at best sneer and laugh at us, and who, as I have been told, often refuse to meet us in consultation.

Let all local jealousies, all personal antipathies yield to the need of a united effort and coöperation in behalf of our glorious cause.

Mr. President, in order to accomplish our great purpose, I would move that a committee of five be appointed to devise a plan by which the necessary sum of money can be collected to establish a homœopathic hospital in this city.

XXVIII.

REPORT OF COMMITTEE ON PHARMACY.

BY H. L. CHASE, M. D., CHAIRMAN.

It is universally conceded by all physicians that purity of medicines is an essential requisite for the successful treatment of disease. Particularly is this the case with homœopathic practitioners; for in homœopathy it is simply impossible to substitute one drug for another. For instance, if in any case Belladonna is indicated, we cannot substitute Opium, Hyosciamus, Stramonium or Cicuta, simply because they are all classed as narcotics; while in allopathic practice, if thought necessary to give a cathartic, and the patient objects to taking blue pill (for patients are sometimes so foolish as to object), why, Extractum Colocynthis Compositum, or even Oleum Ricini, may answer the purpose; it matters very little so catharsis is induced. Not so with us. We must have *the* medicine. Such being the case, it is absolutely necessary that the medicine shall be as good as can be obtained.

A few years since one of the members of your Committee had the honor to call the attention of the Society to this subject. A committee was appointed to attend to the preparation of pure tinctures and triturations; that committee have attended to their duty; they have given

time and attention to the subject, and one of the members has expended a good deal of money. There is now for sale at the Dispensary rooms a great many tinctures and triturations which have been approved by the committee, and which they confidently recommend to the Society.

We at this time call your attention to the subject of alcohol. For some years great difficulty has existed in obtaining a pure article, the high cost being an inducement for deception. The committee have made arrangements by which they can procure for the members of the Society alcohol, which at this time will test over 93 per cent., at a cost of \$3.50 per gallon. This alcohol is made by a new process and is believed to be perfectly pure.

The committee wish it distinctly understood that they do not sell alcohol, nor keep it on sale, but that Dr. Whitney will procure it for any of the members.

PUBLICATIONS
OF THE
MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.
1869-70.

OFFICERS FOR 1869-70.

EXECUTIVE COMMITTEE.

GEO. W. SWASEY, M. D.,	President.	SPRINGFIELD.
HENRY B. CLARKE, M. D.,	Vice-Presidents.	NEW BEDFORD.
JOSEPH P. PAINE, M. D.,		BOSTON.
S. M. GALE, M. D.,	Corresponding Secretary.	NEWBURYPORT.
E. U. JONES, M. D.,	Recording Secretary.	TAUNTON.
T. S. SCALES, M. D.,	Treasurer.	WOBURN.
SULLIVAN WHITNEY, M. D.,	Librarian.	NEWTON.
J. T. HARRIS, M. D.,	Censors.	BOSTON.
L. MACFARLAND, M. D.,		BOSTON.
L. D. PACKARD, M. D.,		So. BOSTON.
GEO. BARROWS, M. D.,		TAUNTON.
W. B. CHAMBERLAIN, M. D.,		WORCESTER.
DAVID THAYER, M. D.,	Orator for 1870.	BOSTON.
J. H. WOODBURY, M. D.,	Substitute.	BOSTON.

STANDING COMMITTEES.

C. WESSELHOEFT, M. D.,	Materia Medica.	BOSTON.
A. M. CUSHING, M. D.,		LYNN.
A. F. SQUIER, M. D.,		BOSTON.
JAS. HEDENBERG, M. D.,	Clinical Medicine.	MEDFORD.
LEWIS G. LOWE, M. D.,		BRIDGEWATER.
J. H. WOODBURY, M. D.,	Obstetrics.	BOSTON.
O. S. SANDERS, M. D.,		BOSTON.
D. A. JOHNSON, M. D.,		CHELSEA.
I. T. TALBOT, M. D.,	Surgery.	BOSTON.
WM. KNIGHT, M. D.,		MARLBORO'.
J. W. HAYWARD, M. D.,		TAUNTON.
G. W. SWAZEY, M. D.,	Publication.	SPRINGFIELD.
I. T. TALBOT, M. D.,	Ex-officio.	BOSTON.
E. U. JONES, M. D.,		TAUNTON.
H. C. ANGELL, M. D.,	Ex-officio.	BOSTON.
E. B. DeGERSDORFF, M. D.,		BOSTON.
GEO. RUSSELL, M. D.,	Library.	BOSTON.
W. F. JACKSON, M. D.,		ROXBURY.
O. S. SANDERS, M. D.,		BOSTON.
G. W. SWAZEY, M. D.,	Arrangements.	SPRINGFIELD.
E. U. JONES, M. D.,	Ex-officio.	TAUNTON.
L. MACFARLAND, M. D.,	Ex-officio.	BOSTON.

PROCEEDINGS

OF THE

SEMI-ANNUAL MEETING, 1869.

THE semi-annual meeting was held in Fraternity Hall, No. 554 Washington Street, Boston, on Wednesday, Oct. 13th, about fifty members being present.

MORNING SESSION.

The Society was called to order at 10.30 A. M. by the Vice-President, J. P. Paine, M. D. The records of the annual meeting and of the Executive Committee were read and approved.

The following candidates for membership were unanimously elected :

F. F. DE DERKEY, M. D.	New Bedford.
F. M. CRAGIN, M. D.	South Dedham.
DAVID HUNT, M. D.	Worcester.
W. K. FLETCHER, M. D.	Somerville.

During the progress of the balloting, Dr. I. T. TALBOT, of Boston, reminded the Society that in the absorbing interest of the closing hours of the last session, there was no recognition of the labors of the retiring officers; and on his motion it was—

Resolved, That the thanks of the Society be presented to all the officers of the past year, and especially to L. Macfarland, M. D., for his faithful and unwearied attention to the duties of his office as Secretary for the past three years.

Dr. HOLT, of Lowell, referred to the fact that a certain man, claiming to be a homœopath, had posted flaming handbills around the City of Lowell, advertising himself as a homœopathic physician and medical electrician, and referring to two gentlemen, one of whom is a member of this Society, and the other is one of the present candidates for membership. The matter was satisfactorily explained so far as it relates to these two persons whose names were so used. A short discussion showed that it was decidedly the sense of this Society that great care should be exercised by its members that their names should never be used by other than reputable and responsible persons.

The report of the Corresponding Secretary, Dr. S. M. GALE, of Newburyport, showed that no letters had been received or written by him.

The Treasurer, T. S. SCALES, M. D., of Woburn, reported that there were in his hands \$177.92, and that all the bills, due by the Society up to the present time, were paid.

The Librarian, S. WHITNEY, M. D., presented a report. The Library contains 340 bound volumes, catalogued, and properly arranged upon the shelves prepared for them. Several packages of pamphlets have also been presented to the Society, which have not yet been examined.

The report from the Committee on Publications was made by E. U. JONES, M. D., of Taunton. Everything is ready for the printing of the first volume of the Publications, but sufficient funds have not yet been raised to defray the necessary expense. The matter prepared for it comprises all the Proceedings of the Society, from its formation to the year 1860, such addresses of its Presidents as could be obtained, the history of the introduction of homœopathy into Massachusetts and other papers, which will make the volume an exceedingly interesting one. The first part of the third volume has been published in pamphlet form. Since then the same lack of funds has prevented any further issue. It is worthy of thought whether the regular appearance of the Society's Publications would not stimulate the members to present more thoroughly elaborated articles, and take more pains to forward to the various committees the necessary material for their reports.

Dr. E. P. SCALES, of Newton, said that in some of the States the State Government assumed the publication of the transactions of the different Medical Societies, and thus enabled them to present every year the material which was furnished by the members.

Dr. HOLT, of Lowell, thought that the publication of this volume was important and very necessary to the welfare of the Society, and proposed that every member should agree to take one or more copies of this first volume, paying what might be needful.

Dr. TALBOT, of Boston, in reply to a question of Dr. Morse of Salem, as to what had become of the subscription paper started two years ago for the purpose of this.

very publication, and as to the amount subscribed, said the paper was still in existence, having upon it the five hundred dollars originally subscribed, but that owing to deaths, removals from the State and other causes four hundred and twenty dollars of that amount was all that now could be relied upon. The labor which has been laid out on this volume should not be lost, but there is an immense amount of work yet to be done in carrying it through the press. If the Secretary is willing to do this work, the least we can do is to put our hands into our pockets and make up the necessary sum. Besides this, we have issued no publication for the past four meetings, and the preparation of the third volume will require a great deal of work.

Dr. MORSE, of Salem, moved that the Publication Committee be authorized to publish the material in their hands, consisting of the early history of the Society, reports, etc., to be known as the First volume of Publications, and that the members of the Society be assessed the sum of four dollars in addition to the subscription already made, and be entitled therefor to two copies of the volume;—those having subscribed five dollars and upward, moreover to have one copy, and an extra copy for every five dollars subscribed.

Dr. HOLT suggested that it might be hard to collect the assessment, especially from young members and those not well able to pay, and moved to lay the motion on the table till afternoon. Accepted by Dr. Morse.

Dr. C. WESSELHOEFT, of Boston, from the Committee on Materia Medica, made a partial report, which was accepted. (ART. XXIX.)

Dr. CUSHING, of Lynn, from the same Committee, stated that they had received but three letters in answer to the circulars sent out. Why will not the members answer these circulars? The principal excuses are that they have no time, or that they have nothing to say. If they knew how important each man's experience was to every other man and to the whole body of the profession, these excuses would not be rendered.

Dr. HAYWARD, of Taunton, from the Committee on Surgery, made a partial report, detailing several cases of interest. Report accepted.

Dr. GALE, of Newburyport, reported an interesting case of the extraction of a small glass bead from the ear, where it had lain for twenty-five years.

Dr. WOODBURY, from the Committee on Obstetrics, made a report and read a valuable paper on Uterine Polypus. Accepted and referred to Committee on Publication. (ART. XXX.) He also presented a letter from Henry M. Smith, M. D., of New York, asking the appointment of a committee to coöperate with other committees on Pharmacy for a uniform method in the preparation of medicines. On motion it was voted that our present Committee on Pharmacy be requested to confer with Dr. Smith on this matter.

Dr. J. HEDENBURG, chairman of Committee on Clinical Medicine made a partial report. (ART. XXXI.)

At one o'clock, P. M., the Society adjourned to the room above the hall for refreshments.

AFTERNOON SESSION.

At two o'clock P. M. the Society was called to order by the Vice-President, and the reports from delegates were called for.

Dr. TALBOT, of Boston, reported that he was present at the semi-annual meeting of the New Jersey Homœopathic Medical Society. This is one of the most active and wide awake of our State Societies, though only two years old, and consisting of but thirty-five members.

Dr. TALBOT was present also at the semi-annual meeting of the New York Society. This society is under the patronage of the State, which publishes all its transactions to the extent of 2,500 copies. The meeting had the fault which will be found in all societies in which the work is not well laid out—it dragged. One movement, however, was started there which will be of advantage to us. Dr. Gray was called up as the father of homœopathy in this country, which title he disclaimed, and said that it was due to Dr. Gram. He then gave a short history of him, and remarked that his original burial place was in an almost unknown spot. Dr. Gray, had, however, at his own expense, removed his remains to his own lot in Greenwood Cemetery, but no monument has yet been erected over him. The matter was thereupon taken up, a committee appointed and circulars prepared, so that every physician in the country might have the privilege of subscribing a small sum to this object.

No delegates being present from other societies, Dr. Morse called up his motion for assessment.

Dr. E. P. SCALES, of Newton, who during the recess had circulated a paper for subscriptions, reported that he

had been able to increase the subscription one hundred and twenty dollars. There were many more members yet to be seen, and he thought the necessary sum might be raised. It would be difficult to collect the assessment, and a subscription seemed the most feasible.

Dr. HOLT proposed that a circular be sent to each of the members, to be returned to the Secretary with the amount each was willing to subscribe.

Dr. TALBOT moved as an amendment to Dr. Morse's motion, that the Committee be ordered to publish the volume; and if there be not enough money subscribed, the Society take such action in the future as it deem best. This amendment was accepted by Dr. Morse and the amended resolution was passed.

On motion of Dr. CATE, of Salem, Dr. Scales, of Newton, was appointed a committee to complete the subscription.

The society then proceeded to the discussion of the *Intercurrent Influence of the Hepatic Function in Disease*.

Dr. GREGG thought all disease to be of a dynamic character, and the liver, as well as all the other secreting organs, could be dynamically affected in any disease. It is doubtful whether the liver has any effect on disease, but is itself affected by the disease. Hence he considered any apparent disease of the liver, intercurrent or otherwise, to be frequently the effect of another disease, rather than the cause.

Dr. CATE remarked that though disease might, and often does, affect the different tissues of the body, yet these tissues, and especially the secreting ones, may themselves affect the disease. In every case of disease other organs

besides those primarily affected may become involved, and by their derangement seriously influence tissues hitherto healthy. These secondary affections may subside with the removal of the original cause, but sometimes they do not. Thus the blood may become so vitiated in disease of the digestive organs as seriously and even permanently to impair the function of the liver. In such case medicine must be directed primarily to the liver itself. Again, the secretions of the liver become vitiated and affect the general system, and then the liver decidedly needs treatment. In chronic diseases the influence of the liver is very marked, and cannot be neglected.

Dr. HOLT said that all zymotic diseases affect more or less the whole system and thoroughly poison the blood. That poison may reach and disturb the action of any organ, as we often see it in typhoid fever. Sometimes the liver seems to escape this zymotic influence more than the other organs. In inflammatory diseases the liability to secondary affections of the liver varies very much; sometimes it is affected, but oftentimes—as in pneumonia—there is no disturbance noted. In either case, however, we should go according to the symptoms as they are presented to us. And, as in other organs of the body, we should take just as much notice of the liver as its apparent disturbance demands, and no more.

Dr. CATE thought that we should first endeavor to find what tissues were primarily affected, and what secondarily. Treat the primary symptoms first.

Dr. GALE had had frequent cases in which the indicated remedy did not seem to do what might reasonably be expected of it, but in which remedies acting upon the liver

had brought about speedy cures. In erysipelas, *Belladonna* and *Rhus* had failed, and *Mercurius vivus* had wrought the cure. In rheumatism, *Bryonia* and *Rhus* had failed, even when all the symptoms seemed to point to them, and *Mercurius* had rapidly subdued the disease. He could not account for this, unless by the action of the *Mercurius* on the liver. Where the tongue is coated, and the breath foul, *Mercurius* was the remedy. In answer to Dr. Chamberlain, Dr. Gale said that he did not observe in his patients thus cured that they had easy perspiration on movement. One case of erysipelas treated by *Mercurius* was that of a lady who had lived in India.

Dr. DE GERSDORFF, of Boston, remarked that on this side of the water the spleen was affected in fever and ague far more than the liver. In Germany the liver was the more seriously involved. Perhaps the miasmatic poisons are different. May not these two organs oftentimes relieve each other? After eating, the liver is usually increased in size, but sometimes it is the spleen. Should we make any difference in our treatment because of these different conditions? He has often observed to his astonishment the largest liver suddenly becoming small of its own accord.

Dr. GREGG, of Boston: The liver frequently overacts. It may do too much, as well as too little, and this through the efforts of the disease to relieve itself; we ought not at such times to pay attention to the liver, unless it have some phenomena peculiar to itself. Disease is a dynamic force, and we only know of it by its efforts to relieve itself.

In answer to a question of Dr. Lougee whether there was not danger of allowing the liver to remain too long

inactive in dysentery,—as he had found those cases in which the liver was torpid to be the hardest to cure,—Dr. Gregg thought that no notice whatever should be taken of it.

The further discussion of this subject was postponed, and the Society passed to the consideration of the second subject; *Albuminuria*; *How Affected by Carriage-riding*.

Dr. TALBOT said that Bright's disease was now the fashionable disease, and many persons are reported as dying of this affection of the kidneys. It has been asserted that continual riding has served to produce it. Drs. Perry, Hoppin, Hull and others who have driven a great deal have died of it, or have had it as an intercurrent disease. If we must ride it becomes a serious question what kind of a vehicle we should use, so as to avoid as far as possible all injury to ourselves in any way. Are carriages with two or four wheels preferable? And how much power have we over this disease? Certainly many cases have been much relieved by such remedies as *Apis*, *Arsenicum*, *Calcarea*, &c.

Dr. ROBINSON, of East Boston, had always driven a great deal, but could assert that his health had been better since he had walked more.

Dr. CHAMBERLAIN, of Worcester, thinks the influence of the riding depends as much on the form of the seat and its back as upon the kind of carriage. He gives preference to four-wheeled vehicles with side springs. He has had but few cases of this disease; these were treated by *Terebinthina*¹, *Nitric acid*¹, *Apis*³ and *Mercurius corros.*³ Cases treated by his predecessor with *Nitric acid* remain

well to the present day, though they had had relapses at first from carriage-riding.

Dr. DE GERSDORFF: Is it understood by the gentleman that the mere mechanical injury of riding is able to produce this disease?

Dr. HOLT: It is to be doubted if it would have that effect in a perfectly healthy constitution. Bright's disease generally co-exists with a tubercular diathesis; and anything which may affect that may serve to determine the diathesis to any organ of the body. A patient now under treatment, and who may not survive this day, said, only a few days ago, that he had always ridden, never walked; he felt confident that if he had ridden much less, and walked more, he would not be in the desperate strait he now is. Heretofore his stomach has always been his trouble; now his muscles have completely failed him and he cannot use his limbs. For himself he should in the future walk more, as being the best means of strengthening his general system.

Dr. UNDERWOOD, of Millbury, regarded the question as he would a matter of diet. "One man's meat may be another's poison." He has felt better since riding in a chaise, than formerly when using four wheels. He considered the constantly varying motion of the chaise as far more conducive to health and comfort than the pitching motion of a buggy.

Dr. BARROWS, of Taunton, thought that the question of weariness or ease in riding depended quite as much on the gait of the horse as on the kind of vehicle employed. It is better to change carriages frequently, and even to ride more or less on horseback.

Rheumatism, the third topic of discussion, was now taken up.

Dr. G. M. PEASE, of Boston, gave the case of a lady whose family were subject to rheumatism. She suffered excruciating pain in back and legs, so that she could not turn in bed without severe pain; even pointing a finger at her would cause her to cringe and cry out. The attack having come on after getting wet feet, *Rhus*^{75.000} (Fincke) was prescribed. In three days the patient was about her work, well.

Dr. GREGG thinks we are too apt to ignore the recuperative powers which are inherent in the system, as well as the mental effect which the medicine, or the presence and assurances of the physician, has upon the patient. If the patient gets well he is glad of it, but cannot say that he knows what has cured him. He does not believe in high dilutions, yet they, or the physician himself, may favorably affect the mind of the patient and a cure may result, as often does in the "laying on of hands." In reply to Dr. Barrows, he stated that he uses from the 1st decimal dilution to the 6th.

Dr. HUNT, of Worcester, has a case of syphilitic rheumatism, which, having been treated for some time, was finally cured by the *Iodide of potassium*. This case had several relapses, and he would like to know whether members had observed in such cases, either aggravations or relapses after meat diet.

Dr. GREEN, of Lynn, did not know why the 30th dilution should be denied power, while we accord it to the 6th; nor why the 200th, if we grant power to the 30th. In a case of fever in a child which he recently had under

his care, the 3d dilution of *Aconite* caused a severe aggravation every time it was taken, but a dose of the 30th relieved the fever at once, and cured the case.

Dr. TALBOT deemed it difficult to say when medicines do, or do not act, and we ought to be cautious as to our statements of wonderful cures. Lately he was called to a nervous boy in croup. He gave *Aconite* and *Hepar*, which he felt very sure would relieve. On his return home, he was again almost immediately summoned, as it was feared that the child would not live. He found him in a very spasmodic state, and bade the parents, if the boy was not soon relieved, to apply a jacket of ice-cold water. This the boy feared; the fear was sufficient, and the patient was soon well. High potencies may often act quickly and through the imagination, as the ice-cold jacket did. Dr. T. referred to the "Fincke potencies," so called, and described the manner of their manufacture. He said that a patent had been taken out for the method of potentization; and urged that no high potencies be employed, unless it is known how they are prepared.

Dr. HOLT regarded the medicines prepared by Fincke as no medicines. In Dr. Talbot's case there was simply medicinal aggravation. In referring to rheumatism, he said it was, at the best, a difficult disease.

Dr. WELLS, of Brooklyn, had suffered from it for a long time. Ordinary cases of acute rheumatism should be relieved in from one to two weeks. If the patient has a dingy look, a dirty tongue, with easy perspiration, *Mercurius* is the remedy; if there be a dry skin, with ephemeral fever, *Aconite* is demanded. A sharp rheumatic pain behind the ear, caused by a draft of wind while riding, is cured in fifteen minutes by *Aconite*.

Dr. UNDERWOOD, of Millbury, was sorry to see so much variation among physicians regarding the dilutions used. He began with the low dilutions, and has gone gradually to the 200th, which he now uses altogether. He had recently a case of rheumatism, with high fever, great restlessness, and thirst, which in four days was cured by one dose of *Aconite* ²⁰⁰.

Dr. S. M. GALE had used the *Hamamelis* as an external application in rheumatism with excellent success, as had Dr. T. S. Scales, of Woburn.

Dr. CHAMBERLAIN had often been called to patients to whom the *Hamamelis* had already been administered, and generally found the cases much relieved. In case of a boy with rheumatism of the heart, *Cimicifuga* in twelve hours relieved the sharp pains, which for twelve days and thirteen nights had prevented him from lying down. In lumbago he had found a bandage, padded behind, single in front, to be of great service.

Dr. SHATTUCK, of Boston, had had a very bad case of rheumatism, affecting every joint in the body; there was an inability to move, so that the patient had even to be assisted in urination. There was great and unremitting suffering. Nothing relieved. In consultation, Dr. Thayer recommended *Artemisia vulgaris*, which was given with the best success.

Dr. WHITTIER, of Fitchburg, thought that rheumatism was no exception among diseases, but required to be studied anew every year.

Dr. THAYER considered great dryness of the skin as an indication for the use of *Cimicifuga* in rheumatism.

Dr. CHAMBERLAIN called the attention of the Society to the use of the *Asclepias syriaca* in rheumatism, stating that Dr. Cate had recently cured a case with it. The following case was cured in his own practice by *Apocynum androsæmifolium*. An old man had suffered for fourteen years with great weakness, and stiffness of all the joints, difficulty in lying down, inability to sleep more than an hour at a time without becoming incapable of motion. The urine was scanty, about eight oz. in twenty-four hours, and filled with lithates. Unless it was passed every hour, it would be only with great difficulty and much delay that he urinated at all. The origin of the case was referred to calomel, while under allopathic treatment. *Causticum* gave no relief. Gave *Apocynum androsæmifolium*, guided by the following paragraphs in Hale's New Remedies, 2d edition, p. 88: "In rheumatism and rheumatic gout (*Apoc.*) is perhaps the most homœopathic remedy that we are acquainted with." "It seems to be absorbed into the system, and to penetrate into the innermost portions of the body, similarly to the rheumatic poison, and even to produce those critical evacuations from the bowels, skin, liver, and kidneys, which terminate an attack of rheumatism." It was given in tincture, increasing from three to thirty drops, every four hours. In two weeks he could sleep from two to two and a half hours, and could rise and sit with greater ease; urine increased; appetite better; mind more cheerful. In six weeks general dropsy came on. The medicine was then omitted, the dropsy disappeared, and in four months the patient was perfectly well.

Dr. GREGG has been for some years in the habit of using the *Asclepias* in the different forms of anasarca and albuminuria with better success than anything else.

Dr. WALKER, of Chelsea, had found the alternate application of heat and cold, ice-cold cloths alternated with cloths wrung out of water as hot as the hand would bear, oftentimes to relieve suddenly certain forms of lumbago.

The session was an interesting one.

Adjourned.

E. U. JONES, *Recording Secretary.*

XXIX.

REPORT OF THE COMMITTEE ON MATERIA
MEDICA.

C. WESSELHOEFT, CHAIRMAN.

Your Committee began its duties, soon after the last meeting of the Society, by addressing circulars to every physician in the State, soliciting concise and reliable clinical experiences regarding *Baptisia tinct.*, and *Ignatia amara*, or any other drug with which experience had been gained. An appeal of this kind was also published in the *New England Medical Gazette*. Your Committee hoped for numerous responses; but, while we are not altogether discouraged, we are astonished at the lack of interest shown in a matter of so much importance, a subject which forms the foundation of our existence as homœopathic physicians. In consideration of these circumstances we have the more reason for expressing our sincere thanks to those gentlemen who have favored us with communications, and we trust that their example will in future be followed by others. Thus far, we have received communications from four physicians only who are not members of this committee; namely, Dr. Wm. Pearson; of South Hadley Falls; Dr. G. F. Matthes, of New Bedford; Dr. B. de Gersdorff, of Boston, and Dr. G. F. Butman. We dwell on this subject with emphasis, not in a spirit of censure, but because we wish to

show that a subject might have been exhaustively elaborated in six months, for the benefit of all mankind, had each member of this Society responded ; but, at this rate, it would require, instead of weeks, as many years as there are weeks in half a year.

The reports received are as follows :—

By Dr. Wm. Pearson, of South Hadley Falls, on *Ignatia*.

“ G. F. Matthes, of New Bedford, on *Sanguinaria*.

“ “ “ “ on *Caulophyllum thalictroides*.

“ B. de Gersdorff, of Boston, on *Ignatia* and *Baptisia*.

“ A. F. Squier, of Boston on *Ignatia*. Three cases.

“ A. M. Cushing, of Lynn, on *Ignatia* and *Baptisia*.

“ G. F. Butman, of Boston, on *Ignatia* and *Baptisia*.

IGNATIA.

ASCARIDES.—I have had occasion to use *Ignatia* in many instances for violent itching of the anus and perineum ; for prolapsus of the rectum, and for various nervous irritations of the organs of the pelvis. More especially I have found it useful in ascarides, when known to exist, or when symptoms indicated their existence, both in children and in adults, and even when the nostrils and vagina were infested with the parasites. I have generally used the 3d centesimal attenuation, sometimes the 2d. I have seldom been disappointed in the action of the remedy when the above symptoms and diseases existed.

I consider *Ignatia* a specific for ascarides, and always feel sure of beneficial effect.

MUSCULAR SPASMS.—Among other symptoms for which I have prescribed the remedy with decidedly good effect, are spasmodic action of muscles, “sudden jerks, and starting of the limbs,” general restlessness, etc.

Wm. Pearson, M.D.

EPILEPSY.—Mrs. S., about thirty-two years old, widow, a large fat brunette, of lymphatic, nervous temperament, called on me in December, 1868, and wanted my professional advice and aid for epileptic fits, to which she had been subject for several years, and for which she had had medical treatment from various physicians of various schools, but without avail. The first fit set in about seven years ago, soon after the beginning of her married life, which was an unhappy one. She had for a long period experienced violent grief from harsh treatment, had kept her troubles to herself for months, and when she finally gave way, the paroxysm of crying lasted an entire week, at the end of which the first fit came on. The premonitory symptoms were generally: stopping of the circulation, cold extremities, oppressed breathing and enormous flatulence. Sometimes a large dose of brandy would keep a fit off for a while, but no other medicine or treatment had permanently, or even temporarily, helped her. Her mind had remained, so far, clear and unaffected, but her spirits were very unequal, and she was often melancholy. Lately the fits, which had formerly come on once or twice a week, generally late in the evening after a rich supper, had been less frequent, but more severe, causing her to fall and bite her tongue, and leaving her for three to four days very lame, with a bruised feeling all over her body. Appetite and digestion very variable, changing from ex-

treme nausea or qualmishness to canine voracity. I gave her considerable encouragement because her case seemed so strongly to indicate the homœopathic remedy, and experience has proved that I had not raised her hopes too high. For under the influence *Ignatia amara*, given, first in daily, and finally in semi-weekly doses of the third and sixth dilution, and interrupted only a few times by use of *Nux vomica* and *Belladonna*, she has until this day steadily improved, so that she calls herself now cured of her epileptic fits, although she is not considered a healthy person. She had one fit the day after the first dose of *Ignatia* was given, but no recurrence for two months, when she had a severe one, caused evidently by strong excitement and vexation. I have been several times during that time called to see her when she was, as she thought, threatened with a fit, but the symptoms were only those of decided hysteria, exhibiting all the variations of this protean disease, changing from heat to cold, from crying to laughing, and from drowsiness to sleeplessness. Finally also these hysterical spells disappeared, but even at present *Ignatia* corrects her symptoms of dyspepsia, consisting in belching bitter fluid and a "drawing" sensation as if the walls of the stomach were distended. She now enjoys better spirits and her menses are regular, and not attended or preceded, as they used to be, by epileptic attacks.—*Bruno de Gersdorff, M.D.*

DIARRHŒA AND TENESMUS.—Mrs. E —, a young married woman, with auburn hair, blue eyes, and the first physical signs of phthisis appearing in lungs, — had inflammation of bowels six months ago, since which time there have been alternately constipation and diarrhœa most of the time.

Was called August 14, 9 P. M. She had been completely constipated for the preceding five days, and this morning diarrhoea began. She had four discharges during the day, with pain of an intense tenesmic character in the rectum, — *only after a discharge*, — also steady, dull pain and tenderness in the left lumbar region. I gave *Ign.*^{3d dec.} in water, a teaspoonful to be taken every three hours.

Aug. 15. The pain in left lumbar region, and tenesmic pain in rectum increased to an intense degree until 3 A. M., when it rapidly subsided. Now at 10 A. M. there is very little pain either in the lumbar region or after the discharges. The diarrhoea still continues. I gave *Sacc. lact.*, and the next morning the patient was well.

PARALYSIS AGITANS. — Mrs. C., aged about twenty-five years. Has had paralysis agitans ever since she can remember.

Oct. 7, gave *Ign.*^{3d dec.} in water, one teaspoonful every three hours. Oct. 9. Met the patient, who told me that the medicine had increased the weakness and trembling of the hands very much, and that I need not call again.

CHOLERA INFANTUM. — Baby, aged four months, had cholera infantum three days, — extremely weak and emaciated. Discharges watery, slimy, passed with force, followed by straining; about twelve discharges a day. Aug. 4, gave *Mercurius corr.*³ two doses. Aug. 5, much better. Aug. 6, still better, though the discharges are greenish-yellow, and considerable flatus passes with them; — *Cham.*³ every three hours. Aug. 12. Diarrhoea entirely stopped, and the child seemed dull and stupid and pale; gave *Bell.*³ every two hours. Aug. 14. Child pale, cold, with fixed, staring look, occasional screams,

vomiting food;—*Ign.*²⁰⁰ Boericke, every three hours. Aug. 16. All the above symptoms have passed away. The child retains its food well, and only appears much emaciated and weak. — *A. F. Squier, M.D.*

JAUNDICE. — I have found *Ignatia* indicated by these two symptoms: Silent melancholy, twitching of one muscle at a time. A severe case of acute jaundice is making a rapid recovery under the influence of *Ignatia*. The symptoms suggesting it were the constipation, silent, stupid state, with jerking of body, arms and limbs when asleep, but it was only one muscle at a time.

A. M. Cushing, M.D.

I have found *Ignatia* a useful remedy in diseases of women and children, especially in hydrocephaloid disease, caused by sudden metastasis from the bowels to the brain, in children affected with cholera infantum during dentition. I have found the special indication for its use to be — sudden paleness of the face, with a rolling, tossing motion of the head; difficulty of swallowing; delirium, with convulsive motion of the eyes and lids. I have also used *Ignatia* in hæmorrhoids after confinement, when there was present sharp painful pressure in the rectum after a soft stool, and sharp stitches extending from the anus into the rectum.

Geo. F. Butman, M.D.

BAPTISIA TINCTORIA.

PROVING. — I have attempted a proving of *Baptisia* in the past month, but soon after commencing, found my physical condition unfitted for a reliable proving; but I herewith furnish what I have obtained.

May 17, 1869, 7 A. M. Took three drops of the fifth dilution. In five minutes to half an hour aching pain of occiput, extending from ear to ear, and from nape of neck to vertex.

May 20. For two days severe sleepiness, dullness and drowsiness; weakness of memory; fall asleep easily while sitting or riding, [have lost much sleep in the course of the winter, but not lately]. Immediately after taking medicine, aching pressure over whole occiput, from ear to ear, and from vertex to nape of neck.

May 20. Great sleepiness all day while sitting still; irresistible desire to sleep in carriage; was so exhausted and sleepy after a light dinner at 3 P. M., as to be unable to sit up any longer. Refreshed after an hour of imperfect sleep, but felt sleepy and tired all the evening.

May 21. Immediately after breakfast, great sleepiness, would like to lie down and sleep, though I slept well all night. Head dull and heavy; mental work costs great exertion; great disinclination to exert the mind in any manner. Excessively sleepy all day; gaping while conversing with people; fall asleep in the horse cars; and can scarcely keep awake while driving. Sleep after dinner refreshed me somewhat, but sleepiness returned in the evening with nausea.

May 22. Took no medicine in the morning, and felt much better all day.

C. Wesselhoef, M.D.

CLINICAL EXPERIENCE. — Dr. J. B. Bell, of Augusta, Me., writes, that his clinical experience with Baptisia is confined to the confirmed symptoms which have gone the rounds: "Sleeplessness from feeling as though the head

were scattered about; and tossing about to get the pieces together," which symptom, he thinks, is well confirmed.

In a paper on *Baptisia*, furnished me by Dr. C. Hering, the entire contents of which will be incorporated in a future complete elaboration of this drug, Dr. Wm. L. Thompson, of Maine, confirms many pathogenetic symptoms such as "aphthæ of the mouth, particularly those cases of long standing ulcerations, extending from the mouth through the alimentary canal, with watery discharges from the bowels: apthous diarrhœa. Derangements of the mucous surfaces generally; vomiting and purging; sore mouth of nursing infants, and sore mouth of consumptives.

The above is confirmed by some brief observations collected by Dr. Hering:—

Baptisia is given in canker-sores; it causes a very great increase of the saliva.

Aphthæ cured by Dr. Neidhard.

Dr. Guernsey observes: If children cannot swallow solid food; if the smallest particle of solid substance causes gagging, so that nothing but milk can be taken; if there is at the same time a kind of watery, offensive diarrhœa day and night, *Baptisia* cures.

This, according to Dr. Lippe, is exactly like the pathogenesis of *Silicea*, with this difference that milk cannot be borne.

In a case of typhoid fever cured with *Baptisia*, the following symptoms principally led to the use of that medicine: Shivering; restless sleep, yellowish cheeks, with central deep flush; tongue yellowish white, deeply

furred; pulse 110, variable and thready; sleepless and wandering of mind; occasional diarrhoea; frequent sweats, critical sweat on forehead and face; hopeless of recovery and certain of death; semi-comatose; unable to swallow; unconscious evacuations; urine alkaline and offensive; aphthæ in mouth, tongue ulcerated, sordes on teeth and lips; spitting out of liquids put in the mouth; mucous rattle in the throat; sinking down in bed; lying with the head thrown back; jaw dropped; chokes with a half teaspoonful of water; paralysis of organs of deglutition; unable to swallow. This well marked and carefully described case was cured with the first decimal dilution.

Dr. Jacob Jeanes writes, that in a proving made thirty years ago the following symptom was particularly marked: "A pain and superficial burning on outside part of the upper surface of the right foot, extending from the toes half way up to the ankle. Dr. Jeanes furnishes the following case: A lady aged seventy-nine, had œdema of lower extremities, and oppression of chest; troubled with feverishness for a year or two previously; constant sweating, causing chilliness upon slight change of air; *pain and burning in top of right foot, by which she had been troubled for months, and of which she complained greatly.* *Baptisia* was administered intercurrently with other remedies, and the speedy removal of that troublesome symptom, together with the hydropic disorder, Dr. Jeanes attributes to *Baptisia*.

There is much additional information scattered throughout our periodical homœopathic literature, which must be omitted from this report, for want of time to collect and arrange it.

INFLAMMATION OF THE FAUCES.—July 3d, 1869. Mr. I. H., mechanic, age thirty-three, dark complexion, grey eyes, after taking cold had a severe sore throat; with some effort I succeeded in examining the throat. There was enlargement of both tonsils. The uvula was very much inflamed, and somewhat elongated. On the right side of the fauces there was a lump, having the appearance of an incipient abscess; also another swelling on the left side. His mouth was continually filled with thick viscid saliva, which he was neither able to swallow nor expectorate, but was obliged to incline his head to let it run from his mouth. There was considerable rigidity of the muscles of the jaw, and extreme pain in the articulation and the lower portion of the zygoma; the effort to swallow produced violent pain. He was very nervous, tossing about from one side to the other. *Belladonna* was prescribed every hour. At noon I was sent for, and as he was no better, gave *Mercurius viv.* At night he was the same. Gave *Mercurius biniod.*

July 4. No better; gave *Baptisia* ^{1 dec.}, grain doses every half hour; improvement commenced with the first dose, and he was well in two days.

The especial indications for the use of *Baptisia*, I found to be intense inflammation of the throat, which was of a bright red color, accompanied with hoarseness and profuse accumulation of viscid saliva in the mouth, deglutition impossible, inability to speak, with pain in the articulations of the jaw, and rigidity of the muscles of the jaw, preventing the opening of the mouth; I have also used *Baptisia* with very good success in cases of syphilitic sore throat. — *Geo. F. Butman, M.D.*

DISEASE OF LIVER. — J. W., forty-seven years old, of bilious-nervous temperament, has lived many years in a very hot climate on the African coast, and had several attacks of fever there. Since his return to this country he has had several violent attacks of bilious colic and subsequent jaundice, probably owing to obstruction of the excretory ducts of the liver by gallstones, although none have ever been discovered in the stools. On examination the liver does not seem much enlarged, but hardened, so that its margins can be felt distinctly through the abdominal coverings. The attacks of pain are preceded by very low spirits, loss of appetite, dull, heavy headache, drowsiness in the daytime, restlessness at night, vomiting of sour and bitter fluid from the stomach, yellowish skin, distended stomach and abdomen. They last from three days to one week. The patient lives, while not suffering, very injudiciously, — using stimulants and freely gratifying his appetite for food. In addition to this, he has habitually used cathartics and opiates. I was called to see him in July last. He had been in pain for three or four days. It was a severe, drawing pain (not steady) in the right epigastric and umbilical region, not worse on pressure, but causing the patient constantly to lean forward and to move about, although the moving was painful; he had vomited sour and bitter fluid, but had kept down the little food he had taken; pulse, sixty-five, small; extremities cool, tongue with a triangular spot of brownish coat in the centre; constipation for four days; very low desponding mood; urine scanty and dark yellow. Having on former occasions found that *Nux vomica* always had a general good effect upon him, I gave it, but found him not much better the next day. During one of

the former attacks, the pains seemed to indicate *Berberis*, which was then given with very good result, but did this time no good, nor did *Belladonna*, *Cocculus*, *Colocynth*, *Podophyllum* or *Opium* afford any relief. The patient suffered two days severely, until I gave him *Baptisia tinctoria*² for the marked symptom of pain in the region of the gall-bladder, which causes the patient to keep stirring, although the moving is painful. The effect was striking; the medicine acted, and appeared to the patient, like an anodyne in relieving the pain, but it went further in its action on the pathological state; for the vomiting soon ceased, appetite re-appeared, and the attack passed off without producing the accustomed and expected jaundice. Some loose stools set in, but no gall-stones could be detected. Two months after, he had another attack, although he had been using daily doses of *China*; *Baptisia* again afforded considerable relief, although not so marked, the symptoms being very violent, and the patient having, of his own accord, put himself under the influence of a very large dose of morphine. — *B. de Gersdorff, M.D.*

The following symptoms I consider genuine: Feverish; little or no thirst; tongue brown, or reddish brown, and dry; breath offensive, sometimes very offensive; especially in diphtheria, with dark membrane in the throat. No restlessness with the fever, as in *Aconite*, but a semi-comatose condition. Headache *commencing in the occiput, and extending to the top or front of the head.*

A. M. Cushing, M.D.

SANGUINARIA.

CHARLES —, about thirty, when influenza was epidemic in March last, had violent dry cough, sensation of

burning behind upper part of sternum, much thirst with craving for *cold* water,—the water, after having been ten or fifteen minutes in the stomach, being thrown out by vomiting. Fauces dark-red, not swollen; little or no fever. *Phos.*²⁰⁰, two doses.

Evening: no improvement whatever. In addition to the above symptoms he complains now of headache so severe as to make him almost crazy; in the region of the right temple, near, and a little above the right eye, it feels like bursting open, the eye looks inflamed, the upper lid somewhat swollen; light aggravates the pain, open air relieves. Everything he eats or drinks is thrown out at once by vomiting. *Arsen.*³⁰ checked the vomiting and made the eye look less inflamed, the lid less swollen, but did not modify the headache or the other symptoms. *Sanguinaria*³, in water, of which he took but one or two teaspoonfuls, relieved him promptly of all the remaining symptoms, so that he was able to work at his trade, about twenty-four hours from the time he came to consult me first.

Some ten or twelve years ago, this man had been afflicted with secondary syphilis, under the form of mucous tubercles on the inside of his lips, a fact which may be interesting to those who remember von Grauvogl's recommendation of *Sanguinaria can.* in certain forms of secondary syphilis. — *Von Grauvogl's Grundgesetze*, page 560 *et seq.*, or *Allgem. Hom. Zeitung*, 1864–5, "*Folien aus meiner hom. Praxis.*"

CAULOPHYLLUM THAL. — Mrs. —, about forty, menstruation habitually very abundant, returning every three weeks, mother of several children, when pregnant again,

in the third month, procured abortion by some manual operation of her own device, inducing profuse hæmorrhage, but had no medical assistance. Three weeks afterward a severe headache came on, which she described as a sensation of pressure over the left eye, aggravated from stooping, from light, and growing worse from noon until night independently of eating or fasting; the affected spot of the forehead was sore to the touch; the suffering made her fretful, weak of mind and memory. *Nux vomica*, which she had been in the habit of taking occasionally for periodical headaches with benefit, did not relieve this time at all, but *Caulophyllum*¹, of which I dissolved a few small pellets in half a tumblerful of cold water, — a teaspoonful to be taken every two hours, — relieved her promptly, even before she had taken the medicine more than two or three times. — *G. F. Matthes, M.D.*

REMARKS. — The object in selecting Baptisia as a subject of study was the reputation which this medicine has obtained in the cure of typhoid fevers, on which account it seems also to have attracted the attention of Dr. E. M. Hale.

We have an abundance of clinical experience regarding it, but a great want of thorough provings, with the exception of those made by Dr. Burt. Hitherto the provings and clinical experience do not seem to substantiate each other sufficiently; there are too many connecting links yet wanting. To find these has been and will be the object of continued investigations.

XXX.

REPORT OF COMMITTEE ON OBSTETRICS.

BY J. H. WOODBURY, M. D., BOSTON.

CASE OF UTERINE POLYPUS.

IN calling the attention of the members of this Society to the following case, I do so, not so much on account of any novelty presented either by the case itself or by its treatment, as of the forcible illustration of the importance, nay the absolute necessity, which it presents of a thorough and accurate diagnosis in uterine diseases, and of neglecting no means at our command of rendering certain what otherwise might be only problematical or inferential. In my judgment, the fashion which is just now prevailing in some quarters of depreciating the value of, or altogether ignoring the use of, the speculum, and of digital examinations, and trusting for diagnosis to the hearsay evidence of the patient herself, to her description of her sensations and impressions, and to the appearance of the discharges which flow from the diseased parts, rather than to an inspection and examination of the parts themselves, is a step in the wrong direction, is a deliberate exclusion of the most direct and positive testimony which the case can offer, and, in many cases, is the basis of a decision upon circumstantial evidence, when that which is direct and positive is at hand and available.

How unreliable and insufficient these sources of diagnosis may sometimes prove to be, the following case will serve to illustrate. About the middle of October last, Miss M —, age forty-two years, applied for treatment for leucorrhœa, supervening, as was believed, upon the cessation of her menses. She told me, in answer to questions, that her health had been almost uniformly good during her whole life, and her menstruation perfectly regular, until about twelve months previously, when the menstrual flow began to diminish in quantity, the intermenstrual periods to lengthen, and an abnormal discharge to issue from the vagina, — something which had never before occurred. This discharge had rapidly increased in quantity; and, from being serous at first, it had, latterly, become mucous, sometimes sanious, and at other times yellowish, acrid, and offensive. Her appetite and strength were diminishing, she was growing pale and anæmic, and her general health was fast breaking down. She complained of a constant dragging, tired pain in the pelvic region, and a sense of weight, heat, and fullness in front over the uterus and ovaries, and a feeling in the vagina as though the uterus was prolapsed.

She had been under both allopathic and homœopathic treatment. Under the first, she had taken iron and bark, and a general course of tonic treatment with astringent injections, etc. From the homœopathist she had received, it is safe to say, a careful course of treatment according to the symptoms presented, but all without benefit. She had steadily grown worse instead of better. In justice to her former physicians, I should say, she had resolutely refused to submit to a vaginal examination, and they had been obliged to infer her condition entirely from her own

description. So strenuously opposed was she to any examination, that, contrary to my settled custom in such cases, I yielded the point, and commenced treating her with no additional light than that possessed by my predecessors. My first prescription was *Sepia*⁶, every four hours, and an injection of five grains of sulphate of zinc in four ounces of water twice each day. At the expiration of a week she reported herself as much improved; the discharge was very much less and the pain diminished; the same treatment was continued another week. At the end of that time the report was not quite so favorable. There had been more pain, the quantity of the discharge was increased, and it contained more blood. *China*, *Platina*, *Mercurius*, *Calcareas*, *Senecio*, and, in short, almost every remedy which seemed at all indicated, were successively tried, sometimes without any effect, and at others with apparently the most prompt relief. I say apparently, for I afterwards became satisfied that the relief was due to natural causes rather than to the medicine, since the same favorable appearances also occurred at a later date when all medicines had been discontinued. I finally declined to treat her further unless she would submit to an examination. To this she reluctantly consented, and on Jan. 6, 1870, nearly four months from the commencement of my treatment, and more than a year from the date of her first placing herself under the care of a physician, I made an examination with the speculum, which at once revealed to me the cause of the poor woman's long-continued sufferings, and the failures of all her various physicians to afford her relief; for, just protruding from the distended os uteri was the base of a large polypoid tumor. Of course the indications for treatment

were now perfectly plain. I at once seized the tumor with a pair of long forceps, with the double purpose of ascertaining how far it could be drawn forwards, and also its character and size. I soon perceived that the pedicle was quite long and attached quite high up in the cervix, or lower portion of the fundus uteri, that the polypus was quite dense and firm in its texture, and that the cervix uteri was so rigid in its grasp of the tumor that no very exact examination could be made, or operation performed, until it was dilated. At the solicitation of the patient this was postponed until the 12th of February, a little more than a month, and it was during this interval, all treatment being meanwhile discontinued, that the frequent and sudden changes took place, which at an earlier stage we had fondly attributed to the beneficial effect of the medicines which she was then taking.

On the 12th of February, however, another examination was made, and with considerable difficulty I managed to insert three pieces of sea-tangle tent of about the diameter of an ordinary pencil between the tumor and the cervix. And here let me say, in passing, that this case illustrates forcibly the superiority of the sea-tangle over the sponge tents in certain cases, for it would have been very difficult—not to say impossible—to insert a single sponge tent, while the dilatation of the three sea-tangle tents was much greater than from any single sponge tent which could have been introduced. After twelve hours the tents were removed, and the cervix found to be considerably dilated. As the patient had suffered a good deal of pain since the introduction of the tents, I determined, if possible, to remove the polypus at once, while the cervix was already dilated. The patient

was immediately etherized, and the polypus drawn down as far as possible with a strong pair of forceps, when, by slipping the chain of the écraseur over the handles of the forceps, in the manner described in my last semi-annual report, I was able to carry it up very near the attachment of the pedicle, which was easily cut through, and the tumor removed. The stump of the pedicle was well sponged with a solution of persulphate of iron, and the womb allowed to resume its natural position. This tumor weighed nine ounces, and possessed a more decidedly fibrous character than these neoplasms ordinarily do. Some degree of fever and local inflammation followed the operation, and for more than two weeks the discharge was very copious, sanguino-purulent and offensive. Injections of a weak solution of carbolic acid in water readily corrected this latter characteristic, and convalescence was soon established, and the patient is now, April 4, fully restored to health.

Two corollaries, it seems to me, may be drawn from this case. First, that the subjective symptoms are not always sufficient to establish an accurate diagnosis in cases of organic uterine diseases, since this case presents no symptoms which are not common to the stage of menopause, or concomitants of a considerable number and variety of uterine affections. Second, physicians should firmly refuse to treat such cases unless the fullest opportunity for examination is accorded; in other words, they should refuse to assume responsibility where they are denied authority.

XXXI.

REPORT ON CLINICAL MEDICINE.

BY J. HEDENBERG, M. D., OF MEDFORD.

THE Committee on Clinical Medicine has again to lament the want of material to make a valuable report, as only five communications were received.

These reports show that measles and whooping cough have prevailed very extensively, but give little that is new in treatment.

WHOOPING-COUGH.—Dr. Cushing, of Lynn, says, “ During the last six months we have had an unusual number of cases of whooping-cough in adults. *Mephitis*³ *dec.* has been my chief remedy, especially if the cough and vomiting were worse at night. If the cough and the inclination to cough come suddenly, *Bromide of ammonium* is the remedy.” He reports that it was very sickly during June, July, and August; and says, “DIARRHŒA constituted the greater part of my cases; the stools were green, slimy or watery, or mixed, sometimes bloody. Many of the patients were attacked with vomiting, prostration, variable appetite; symptoms constantly changing, often returning when seeming nearly gone. The cases occurring in young children were, with a single exception, those of ‘bottle babies.’ Query, does sucking rubber nipples produce diarrhœa in ‘bottle babies’? The reme-

dies most frequently used were *Æthusa*, *Aloe*, *Arsenicum*, *Belladonna*, *Calcarea carb.*, *Chamomilla*, *Magnesia carb.*, *Mercurius sol.*, *Mercurius viv.*, and *Sulphur*. Less frequently used: *Antimonium crud.*, *Camphora*, *China*, *Colocynth*, *Elaterium*, *Ipecac.*, *Nux vom.*, *Pulsatilla*, *Rheum*, and *Veratrum*. The 30th and 200th attenuations controlled the symptoms more readily than the lower ones. For my guide, I took the works of Raue, H. N. Guernsey, and J. B. Bell. Result for three months,—June, July and August,—two deaths, one aged four weeks and one four months, both of cholera infantum, and both sick from birth.”

Dr. T. S. Scales, of Woburn, sends the following interesting report:—

OVARIAN DISEASE. — An unusual number of cases have come under my care during the past year and a half, all of which had been of from two to four years' standing. Some of them had been treated allopathically; and others, unaware of the nature or extent of their trouble, had hoped to get better without a physician. Most of them occurred on the left side, and were characterized by soreness, great tenderness, heat, swelling, and pain, extending upwards and backwards to the spine and downwards and forwards to the uterus. There was a slight but constant rusty discharge through the fallopian tube and uterus.

I have been well satisfied with the effect of homœopathic remedies in these cases. Prominently I may mention *Lachesis* and *Cimicifuga*. Sometimes *Podophyllum* has been indicated by rumbling and flatulence in the bowels, with tendency to alternate diarrhœa and consti-

pation, and prolapsus uteri or ani, or both; and sometimes *Phytolacca* when there has been irritation and swelling of the inguinal glands. Satisfactory changes have followed the administration of these remedies.

I have made no local application, except of the cold wet bandage. Some of the patients have worn the cold application constantly, and others for only a part of each day. And here permit me to remark, that I do not consider the cold wet bandage beneficial when it feels disagreeable to the patient. I always instruct my patients to remove it as soon as it feels unpleasant.

One case of ovarian disease interested me very much. A lady of forty-five had been suffering for two or three years from pain and tenderness in the region of the left ovary, with heat which at times spread through her whole system. She "supposed her age was the cause of it," and that she "must expect such things." In the early part of 1868 she became pregnant. The diseased ovary caused her very much suffering during her pregnancy, particularly on motion of the foetus. The swelling of the ovary, added to the enlarged uterus, made it difficult for her to sit, and uncomfortable to lie; she was obliged to lie chiefly on her right side because the pressure of the gravid uterus upon the ovary would not permit her to lie on her left side, and she was subject to nightmare if she slept on her back. She was delivered in due time of an eight-pound boy (who has since thriven remarkably well), and her ovarian disease is nearly cured. She has a little tenderness still in the region of the ovary, but very little swelling, and no discharge. Her medicines have been *Lachesis*¹, *Cimicifuga*², *Phytolacca*^{1 and 2}, and *Gelsemium*².

Another case. An unmarried lady, about twenty-five, has had both ovaries diseased for five or six years. She was treated allopathically for about two years, and constantly grew worse, and has now been under my care for nearly two years. During the whole time she has suffered very much from shifting articular rheumatism in her hands and feet, at times accompanied by high fever. Also, she has had very severe dysmenorrhoea and profuse menorrhagia, occurring every three weeks and lasting about a week each time. During the intervals she has had leucorrhoea, either yellowish and rusty, or greenish and corrosive, and often very offensive. She is very much improved in every respect. She frequently walks two and a half miles in an afternoon, and attends to domestic duties regularly. *Cimicifuga*^{1 and 2}, *Lachesis*^{6 and 7}, and *Phytolacca*^{1 and 2} have been her principal remedies, usually given one only at a time. She was also subject to sick headache which has been very much benefited by *Sepia*³.

CEREBRO-SPINAL MENINGITIS has been another very prevalent complaint in my circuit. It has been of different degrees of intensity. In many cases it has occurred as an idiopathic disease, while in others it has been complicated with other diseases, or has followed them. It has usually affected most seriously the lower half of the spine, extending at intervals to the head; though, in some cases, it has been more severe in the upper half, and in a few cases spent nearly its whole force on the brain. In a few cases it has simulated typhoid fever. It has been troublesome when occurring as a complication of pregnancy or parturition. It usually produced constipation, but occasionally diarrhoea. In a few cases it

has become chronic and for a long time baffled my best efforts; producing gastralgia, indigestion, dysuria, prolapsus ani and uteri, and in one or two cases, palpitation and dyspnœa.

So common has it been during the summer that, in every case of sickness to which I am called, I expect it, and prepare for it, if it is not already developed. The patient is usually comparatively comfortable in a recumbent position with a wet towel on the back, provided there is little or no exercise of the brain.

Of course, in such a variety of cases, many remedies have been used. Of these I may mention *Baptisia*, *Gelsemium*, *Cimicifuga* and *Veratrum viride*. In one case which was complicated with sciatica, and another which was accompanied by copious fluid alvine discharges with borborygmus and irritable temper, *Gnaphalium* relieved everything but the prolapsus ani, which continued for several weeks, but which finally disappeared after the administration of *Podophyllum*²⁰⁰.

The epidemics and endemics which usually occur from June to October have none of them appeared the present year. Teething children, with a very few exceptions, have enjoyed remarkable immunity from sickness.

Dr. D. B. WHITTIER, of Fitchburg, also sends an interesting report:—

TYPHOID FEVER.— We have had typhoid fever at least two months earlier than usual. The cases that have come under my care were either of a mild character intrinsically, or else they have been made so by treatment. In some cases the type is decidedly *nervosa-stupida*, while in others there is quite a regular alternation of the *stupida* and

versatilis — the former occurring during the day, the latter at night. After the common premonitory symptoms, the manifestations are somewhat as follows: — Irregular paroxysms of chilliness; with burning heat, followed by sweat, more or less profuse, succeeded by dry, burning heat; towards the last of the first week, decided morning remissions, and evening exacerbation, — in some cases however, the remission occurred after noon; looseness of bowels, with little or no pain; general abdominal sensitiveness to pressure; stools light yellow. In some cases the sudamina and petechiæ have been numerous, in others, absent; thirst during the febrile excitement only; mild delirium in the earlier and later stages. A marked peculiarity seems to have been the retention of the appetite and taste; patients complain of “being starved” and wanting to eat; food tastes as well as ever, but proves injurious. In a few cases only have critical periods occurred, in others I recognized only the natural periodicity designated by “odd days”; duration, fourteen and twenty-one days; convalescence, rapid.

I have found no one remedy that exerts a decided control over the fever. Perspiration affords temporary relief only. My experience this season leads me to think *Aconite* preferable to *Gelsemium* or *Baptisia* during the first week. *Podophyllum* and *Arsenicum* control best the early diarrhoea, and *Ars.* and *Mur. acid.*, that in the latter stage, *China* during convalescence. Diet, milk, or milk and water *ad libitum*; during convalescence, meat and other nourishing broth. I commence to nourish from the indications given by Rapou. I have used milk largely in fevers for five years, and am *growing* in its praise.

Dr. Addison D. Crabtre, of Boston, reports the following case : —

In November, I was called to see Miss —, of Fitchburg, Mass., aged 16. She was of scrofulous diathesis, with light hair and blue eyes. I found her suffering from enlargement of parotid, submaxillary, and thyroid glands; in fact, the entire neck formed one immense tumor, threatening her life. The neck measured twenty-one and one-half inches, and the enlargement was of several months' duration. Breathing very laborious. The thickened and hardened lobes of the thyroid gland pressed upon the trachea and produced a sense of suffocation almost sufficient to prevent the possibility of rest in a recumbent position. A constant dry cough sounding not unlike whooping-cough, hoarseness, and rattling accompanied the disease. She swallowed with little difficulty; cold feet and hands; palpitation cordis; aggravation in cold room and during the evening. Complete suppression of menses.

Treatment. Began with *Aconite*¹ and *Bellad.*¹, ten drops in a half-tumblerful of water. These subdued the fever and checked the dry cough. Next followed *Bromine*¹ (I may truly say *Bromine* was the alpha and omega of the cure), also a packing of lukewarm water about the neck; the cloths were renewed as often as dry. When the *Aconite* and *Bell.* were discontinued, *Pulsatilla*¹, four drops to a glass of water, was given in alternation with the *Bromine*, daily. In some seven days the isthmus of the lobes was perceptible. Twelfth day had the photograph (accompanying this) taken. About this time the menses returned. Continued the *Bromine* sixty days. Gave *Sulphur*³ daily; *Silicea* and *Calcarea carb.* to the end of

the third month. Gave *Stillingia* tincture and *Calcarea carb.* on alternate days with *Bromine*³. In five months the tumor had entirely disappeared. She remains perfectly well.

But if a fair proportion of the members of our society would furnish as much from their practice as the gentlemen did from whose letters I have quoted, a valuable report might be made.

In looking over the statistics of my own practice I find that cases of pneumonia occurred in every month to September, the worse case occurring in August; that scarlatina occurred in every month to August. Some cases in February were followed by diphtheria, in which the treatment by *Arsenicum*, internally, and brandy gargles was very successful. In April several cases of erysipelas of the face occurred; they yielded readily to *Rhus. tox.* or *Rhus rad.*, both of which were tried. Whooping-cough commenced in April; the number of cases is almost innumerable. *Mephitis* proved most beneficial, mitigating the paroxysms, lessening their number, and seeming to shorten the course of the disease. Allopathic journals contain much strong testimony in favor of an infusion of the red clover, and Dr. Talbot reports strongly in favor of it, having used it in the first decimal dilution. There has been hardly a case of dysentery in Medford this summer or fall. Fevers, typhoid and remittent, are just appearing among us, — October 1.

ARNICA ECZEMA. — Another case of eczema from the use of arnica has occurred, quite as severe as those formerly reported. It is remarkable that I have seen more

of these cases in the past year than in the sixteen previous years of practice.

A peculiarity of this year is the number of deaths of the aged; of 13 who died, 5 were over 62, the ages being 62, 68, 72, 79, 95.

The causes of death were: scarlatina, 2; pneumonia, 2; heart disease, 1 (death preceded by several years suffering and occurring ten days after premature delivery of twins); metro-peritonitis, 1; typhoid fever, 1, (in January); phthisis, 1; paralysis of lungs, 1; acute hydrocephalus, 1; old age, 1 (aged 95 years, 6 months, 3 days). Number of still born children 4; this includes the twins before mentioned.

The committee believe that much valuable information bearing upon the science of homœopathy might be culled from the leading allopathic journals of the day. The claims of the science which they oppose might be in part established from their own writings, and it would be a valuable and desirable work. How many clinical contributions to our materia medica might in this way be obtained which would be quite as important as the observations of new symptoms, now so fashionable. Let us derive what comfort and profit we can from the fact that the call of Wood and other leaders to try remedies upon the healthy is being to some extent answered, and that we read now of physiological provings conducted under the direction of allopathic professors of materia medica.

PROCEEDINGS
OF THE
ANNUAL MEETING.
1870.

PROCEEDINGS
OF THE
THIRTIETH ANNUAL MEETING, 1870.

THE thirtieth Annual Meeting was held in Fraternity Hall, No. 554 Washington St., Boston, on Wednesday, April 13, 1870.

MORNING SESSION.

The meeting was called to order by the President, G. W. SWAZEY, M. D., at 10.30 A. M., and the records of the last meeting and of the Executive Committee having been read by the Secretary, Dr. E. U. JONES, the President gave the usual address. (ART. XXXII.)

The thanks of the Society were presented to Dr. Swazey, for his interesting address, and on motion it was referred to a committee of five: Drs. Chase, C. Wesselhoeft, Thayer, E. P. Scales, and Chamberlain.

The Corresponding Secretary, Dr. S. M. GALE, of Newburyport, had no particular report to make.

The Treasurer, Dr. T. S. SCALES, of Woburn, reported that at the commencement of the year there was a balance in the treasury of \$26.00. Expenditure during the

year \$212.69. Amounts received, \$654.00, leaving a balance of \$468.07. Yet due for diplomas, subscriptions and assessments, \$375.00. Accepted.

The Librarian, Dr. S. WHITNEY, of Newton, reported the condition of library not materially changed since the last report. Accepted.

The Committee on the Library, through its Chairman, Dr. RUSSELL, of Boston, reported that the books have been properly arranged, and catalogued. It is recommended to the Executive Committee that the books be loaned to members of the Society under proper restrictions, and that some means be adopted to increase the number of books. Accepted.

The Committee on Hospitals, appointed at the last annual meeting, made their report through G. M. PEASE, M.D. (ART. XXXVI.)

The question of the acceptance of the report being before the Society,—

Dr. THAYER, of Boston, said: A circular concerning the establishment of a hospital in Burroughs Place in this city, signed by five individuals, has been sent out over the country. I understand some funds have been contributed, but know of no responsible body to receive and properly appropriate such contributions. The committee on a hospital, appointed a year since, has not been called together till yesterday. The name of one member of this committee is on the circular referred to, but he has not called into consultation the rest of the committee. And the circular claims that the building owned by the Homœopathic Dispensary has been leased for their hospital. But the Dispensary is the property of all the physicians.

It has bargained for a house, but the bargain is not completed. Its Trustees moreover supposed that it was the chartered hospital which had leased their building. This Society knows nothing about this transaction, and has no assurance that its contributions are rightly given. I would not characterize the whole matter as a swindle, but would like to know why the committee was not called together.

The PRESIDENT. — The discussion should be confined to accepting or referring the report.

The reading of the report a second time was called for.

On motion of Dr. E. P. SCALES, of Newton, the report was accepted, and referred to a committee of seven, to be appointed by the chair.

The chair appointed Drs. David Thayer, W. P. Wesselhoeft, C. Wesselhoeft, G. M. Pease, Chas. Cullis, I. T. Talbot, and D. G. Woodvine.

The remarks of Dr. THAYER having been decided as out of order, and allowed only by privilege, the same courtesy was extended to Dr. de GERSDORFF, that he might respond.

Dr. THAYER. — I wish to be understood as making no allusion to any one but that member of the committee who did not call the committee together.

Dr. DE GERSDORFF. — It seems useless to expend much eloquence on this affair. It is simply whether a work of this kind can best be initiated by a few active, earnest, determined men, or by the action of a large body of men. Large bodies move slowly, and seldom any one man among them will put his hand to the plow. In other countries the greatest institutions have been commenced

by single men, earnest in their hopes, endeavors, and prayers. We have obtained from the dispensary the promise of their rooms in Burroughs Place, and the promises and co-operation of some of the best men in the city. We are thus committed to the work. Do not fear that this step is to be taken independently of the Society, nor do we wish to take away its rights. We ask your hearty co-operation, that, when the ball is set in motion and gains that impetus which will carry it along, then we can gladly give up our responsibilities and shift them upon you. But the work is best begun by a few men.

Dr. TALBOT, of Boston, rose to a question of privilege, and said: I hardly know in what manner to commence. Four members of those named in the circular are entirely exonerated; I alone am accused. This matter of a hospital has been talked of for the past twenty years. Fifteen years since an earnest effort was made, and a charter granted, and I believe that I labored in that cause earnestly at that time. But the charter was all we obtained. The war intervened, and it was thought best not to push too fast during the existence of that. Last year Dr. Krebs called up this matter before this Society; a committee was appointed, and though six months elapsed before Dr. Krebs sent in his resignation as chairman of the committee, and went to Europe, yet members of the committee were never called together. I was informed by the secretary of the fact of Dr. Krebs' resignation, but returned word that I could not serve as chairman of the committee. As a Society we cannot properly take up this matter of establishing a hospital, and nothing has been accomplished. The subject was

again brought before some thirty physicians in Boston, last winter, but two weeks and then four weeks passed, and no action was taken or effort made by any. Not till then did the five persons referred to start the hospital in Burroughs Place, pending the formation of any larger one. If this be swindling, it is because we have entirely failed in our appreciation of what is right.

The institution chartered fifteen years since has held no annual meeting as required, for several years. This hospital was not to be started till \$100,000 were subscribed. We thought one might be started on \$25,000. Now if we succeed in raising this amount, and the other two hundred and fifty-five physicians in the State will raise the remaining \$75,000, we will give ours in, but it will be found a hard and thankless task.

Dr. G. M. PEASE, by privilege, read from the records the dates of several meetings of the hospital corporation that had been held.

[There was no meeting from 1863 to 1867.]

Dr. TALBOT. — Will Dr. Pease read the records of the meeting held in 1867?

Dr. PEASE read, "The only member of the corporation present was the secretary."

Dr. TALBOT. — Read those for 1868.

Dr. PEASE read, "Two persons were present, the secretary and Dr. Talbot. But the notice, though properly sent, had failed to be published."

Dr. TALBOT. — I think this establishes my point, that no meeting was held as required for several years.

The Committee on *Materia Medica*, through Dr. C. WESSELHOEFT, reported that but few answers had been received to the circulars issued. Dr. Cushing, the most assiduous member of the committee, had been sick for some months, and had received but one contribution, and that from Dr. Wm. Pearson of South Hadley Falls. Dr. Wesselhoeft read a number of cases from his own practice, illustrating the action of remedies. Accepted.

Dr. I. T. TALBOT, chairman of the Committee on Surgery, reported that further time was needed to make a full report. Homœopathic surgery was taking a higher stand every day. The western surgeon who recently excised fifty-eight inches of intestine, with the perfect recovery of the patient, stated that that perfect recovery was due in great measure to the homœopathic treatment received. A surgical hospital has recently been established at the west, and one is already in successful operation in Pittsburg, and a surgical clinic in Philadelphia.

On motion of Dr. Chase the committee was granted time, with instructions to report to the secretary.

Dr. CHASE, of Cambridge, Chairman of the Committee on Pharmacy, reported. (ART. XXXIV).

The Committee on Obstetrics reported in separate papers read by Drs. J. H. Woodbury, on Uterine Polypus: by Dr. O. S. Sanders, and by Dr. Giles Pease on Abnormal Placental Attachment. Report accepted and referred. (ART. XXXV).

At forty minutes past one o'clock, the Society adjourned for lunch.

AFTERNOON SESSION.

The Society was called to order at half-past two o'clock.

The committee appointed upon the address of the President reported through Dr. H. L. CHASE, recommending the adoption of the suggestion contained therein relative to the establishment of an Eastern Institute, and that Drs. G. W. Swazey, S. M. Cate, and C. Wesselhoeft, be appointed a committee to carry the suggestion into effect; to report at the semi-annual meeting in October next. Adopted.

The annual address was delivered by Dr. DAVID THAYER, of Boston. Subject, THE COMING DOCTOR. (ART. XXXIII).

On motion, a vote of thanks was passed to Dr. Thayer for his address, which was referred to the Committee on Publication.

Dr. CATE, of Salem, offered the following: —

Resolved, That the Massachusetts Homœopathic Medical Society, as a body, encourages and sanctions the enterprise which is now being started by five homœopathic physicians of Boston, viz. Drs. Angell, Woodbury, Wesselhoeft, Talbot and de Gersdorff, to establish a Homœopathic Hospital in Burroughs Place, Boston, and wishes it success, with the hope that in a future time the charters for hospital and college, heretofore existing only on paper, may be brought into active use, and thus a beginning made which we may expect will help develop both hospital and college on a broad and permanent basis.

Dr. G. M. PEASE strongly opposed the resolution. He thinks that a wrong impression has been given by the

circular, and that some have subscribed to that hospital who have done so under a misunderstanding of the true state of the case.

Dr. TALBOT.—Name some of them.

Dr. PEASE.—S. G. Cheever.

Dr. TALBOT.—Has not subscribed one cent.

Dr. PEASE.—The Hon. Judge Russell supposed this to be the hospital of which he is a trustee. Hon. Joseph Story could not understand it other than as an underhanded piece of business. These are but samples of facts coming to my knowledge, and to that of others. It is an attempt to obtain money under false pretences, though perhaps not so intended by the signers of this circular. It has no regular board of trustees. Those named have never been organized, and many of them refuse to serve. To whom do the funds go? No one is responsible for them. It is a private enterprise, and not a chartered institution. The dispensary is a chartered institution and this hospital seeks to get under its wing. Its trustees can let their building to whom they please, but it was the intention that both the dispensary and the chartered hospital should be one.

On motion of Dr. Thayer, the resolution was laid upon the table in order that the society might proceed to the election of officers for the ensuing year, which resulted as follows :—

<i>For President.</i>	
HENRY B. CLARK, M. D.	NEW BEDFORD
<i>Vice Presidents.</i>	
CONRAD WESSELHOEFT, M. D.	BOSTON
D. A. JOHNSON, M. D.	CHELSEA.
<i>Corresponding Secretary.</i>	
F. N. PALMER, M. D.	BOSTON
<i>Recording Secretary.</i>	
E. U. JONES, M. D.	TAUNTON
<i>Treasurer.</i>	
T. S. SCALES, M. D.	WOBURN.
<i>Librarian.</i>	
SULLIVAN WHITNEY, M. D.	NEWTON
<i>Censors.</i>	
WM. F. JACKSON, M. D.	BOSTON
W. P. GAMBELL, M. D.	BOSTON.
O. S. SANDERS, M. D.	BOSTON.
S. M. CATE, M. D.	SALEM.
A. M. CUSHING, M. D.	LYNN.

Reports were received—

Of the Boston Academy of Homœopathic Medicine, through its Secretary, A. F. Squier, M. D.

Of the Boston Homœopathic Society, through its Secretary, G. M. Pease, M. D.

Of the Worcester County Homœopathic Society, through Wm. B. Chamberlain, M. D.

Of the Bristol County Homœopathic Society, through its Secretary, J. W. Hayward, M. D.

Of the Consumptives' Home, through its founder and physician, Chas. Cullis, M. D.

And of the Home for Little Wanderers, through its physician, J. H. Woodbury, M. D.

And were severally accepted and referred to the Committee on Publication.

The resolution offered by Dr. Cate of Salem, was taken from the table.

Dr. CATE deprecated the very severe tone the debate had taken. He said that the efforts to establish the hospital, and to place it on a basis where it would have a fair chance for success, had been made by gentlemen of acknowledged integrity, gentlemen who were far removed from all suspicion, and who were far above all the insinuations and innuendoes that had been cast upon them. He was glad to add that the five gentlemen named were not to be deterred by slurs or the denunciations of any one. Allusions had been made to several citizens, who, it was stated, had expressed an opinion on the subject, but he would like to know who informed Judge Russell or anybody else that danger was to be apprehended from the hospital being started.

Dr. GILES PEASE would be glad to have the misapprehension that apparently existed in the minds of gentlemen present removed.

Dr. MORSE, of Salem, said he wanted to see an exhibition of friendly feeling among the members present; he wanted unanimity. If they were to have the hospital, and if that hospital were ever to become a success, they would have all to work together hand in hand. It was not only for the interests of the hospital that they should be united, but it was for the interests of homœopathy, not in this State only, but over all the country.

After a few words from Dr. Pease, Dr. WOODVINE gave a detailed account of the manner in which the subject of the hospital was first brought under the notice of the Society. The present question was whether the Society

would act in the matter jointly or separately ; in other words, would the members of the Society establish the hospital themselves, or would they allow five gentlemen to do it.

Dr. CHASE said the sum of \$100,000 was needed to establish the hospital, and it was a matter of conjecture whether such an amount could be raised. Meanwhile the five gentlemen whose names had been freely used that afternoon were ready to start in the matter, and then, when it had been once got under way they would be glad to take in as many more as would come. For his part it seemed strange and unaccountable that men who were willing to take the burden and responsibility of starting a hospital could be denounced as swindlers.

After some further discussion Dr. deGersdorff stated that, as one of the five individuals who assisted in the matter of starting the hospital, he would not stand in the way at all, but was willing to let others step in. It had been called a private enterprise, but for his part he saw nothing private in the matter. His colleagues, he knew very well, would also be willing, perfectly willing, to stand one side with him, but they would all like to have the work continued, and would like others to come in at once.

Dr. HOLT, of Lowell, thought if a portion of the Society indorsed the five gentlemen, and the whole association afterward refused to act with them, there would be some trouble. For his part he wanted to see both hospital and college prosper, and it did not matter to him by whom they were started, provided they were in existence and were doing a good work.

The PRESIDENT considered the cause would be greatly benefited by a free ventilation, and therefore he wished to say a few words in the hope that the question might be discussed temperately and with justice, so that the Society might come as near a fair representation outside as possible. A day or two previously he received a circular, stating that the hospital was in operation in Burroughs Place, in this city, and hence he was betrayed into the remark in his address, that he hoped the hospital would prove a success, believing at the time that the charter had been resuscitated and that the work was going on under sanction of law. If that remark had created discord he was sorry for it. He was happy to see, however, a prevailing disposition on the part of members to come to a right understanding in the matter, and he hoped such a consummation would be reached. He suggested that the society should stand by the work the five gentlemen had accomplished. He was forcibly impressed with the truth of the remark Dr. Talbot had made that forenoon, to the effect that to accomplish a thing it required individual work, and a careful attention that was apt to be too thanklessly received.

Dr. WESSELHOEFT, with a view of uniting the two apparently opposing parties, offered an amendment to the effect that the five gentlemen, already engaged in this new hospital work, should be added to the committee on the hospital appointed in the forenoon session.

A free discussion ensued, and in the course of it, Dr. Morse ventured to explain the position of affairs. He said a committee was appointed that morning for the purpose of establishing a hospital under the charter already

obtained, followed by a resolution appointing five men to start the hospital. He moved that the names of Dr. Angell, Dr. deGersdorff, and Dr. Woodbury be added to the committee appointed in the forenoon.

The question being taken upon the amendment, the three names were unanimously added to the committee. The resolution was then indefinitely postponed.

Dr. THAYER rose to a question of privilege. During the morning he had uttered the word "swindle," and he wished his brethren to remember that he had said "I will not characterize it as a swindle, although I have heard it so characterized." He thought the word swindle a harsh one, and fearing it might possibly tend to discord, he willingly retracted it.

The Report of the Committee on Clinical Medicine, presented by its Chairman, Dr. J. HEDENBURG, was received, and referred to the Committee on Publication.

On motion of Dr. THAYER, the usual vote of thanks was passed.

Adjourned.

E. U. JONES, *Rec. Secretary.*

XXXII.

ADDRESS OF THE PRESIDENT,

G. W. SWAZEY, M. D., OF SPRINGFIELD.

FELLOW-MEMBERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY :—

The yearly assembling of this Society is an occasion for thankfulness and congratulation, although we must first sorrowfully pay a customary tribute of respect to the memory of those of our co-laborers, who, since our last annual meeting, have been called hence by death.

On the 23d of May, 1869, William M. Knight, of Marlboro', one of our most valued members, departed this life at the age of fifty. Born in Atkinson, N. H., and educated at the Berkshire Medical School, he had been in active practice for twenty-six years, about half of which were most earnestly devoted to Homœopathy.

He had a large and successful practice, and, being a skillful surgeon, he commanded most of that practice in a community of fifteen thousand. With hereditary tendencies to pulmonic disease, he often said that he had already lived longer than he had reason to expect, and, being thus prepared, with uncommon fortitude he awaited the fatal result. His death is severely felt by a large circle of truest friends in the profession which he adorned, and by

the whole community in which he spent a most valuable life.

J. G. W. Pike, who died on the 11th of September last, in Boston, was thirty-nine years of age. He was born in Brunswick, Me., in 1830, and was educated at the Bowdoin Medical School, in his native place. He was in the practice of our school several years, and enjoyed the confidence of a large circle of intelligent friends, who mourn his early death, and society at large sorrowfully sustains the loss of a worthy citizen.

A. J. Bellows died on the 11th of December last, in Boston, at the age of sixty-five. He was born in Billerica in 1804, was educated at Dartmouth College, and was faithfully devoted to the medical profession for about thirty years. He was a man of marked qualities. After being educated in the old school he could not long fulfill its distasteful requirements. Our system at last seemed to suit better his independent turn of mind, and he died as he lived for the last fifteen years, full in its faith. Many warm friends mourn their loss in his death. The profession is grateful for his attempt to benefit society, by publishing a volume of valuable rules for avoiding sickness, which we hope may come to be fully known and appreciated. So within the year have died these three fellow members.

And when wasting age or wearing strife,
Have sapped *our* leaning wall of life,
Then will this clay, God's mercy warms,
Give back to him *our* heavenly forms.

We are the oldest State Society of our school in this country, and, with a rapidly increasing influence, now represent the interests of a great medical reform in this

State, and the behest of true medical science for suffering humanity everywhere. To-day we are gathered together to honor our position in the great work we have undertaken. This year of 1870 fills up the third decade of our society meetings in Massachusetts, and at each succeeding anniversary, we have been able to report enviable progress by the steady increase of our numbers, and the growing popularity of our school.

Now again let us note some of the evidence which the past year furnishes, that our organizations all over the country, and this Society in particular, are fulfilling their high mission; also, as far as my present privilege will permit, allow me to offer a few general and somewhat disconnected thoughts concerning the position which as Homœopathists we now occupy, and the literature of our schools; also something concerning our posology and the benefits of a more complete organization in our ranks. A little more than thirty years ago there was but a single practitioner in our New England States who openly advocated Hahnemann. Shortly after that time four Boston physicians organized a little band, supposed to be the first Society of Homœopathists in America. It was called the Fraternity. In ten years it had outgrown its neighborhood name, and came into recognition as the Massachusetts Homœopathic Medical Society, and soon after received the legal rights of an incorporated body. Then began our work of propagandism on equal footing with the old school, notwithstanding popular prejudices, denunciatory writings, and other hardly reputable kinds of opposition from high places. Within the last ten years our list of forty-four original members has been increased three fold, so that in the brief period which meas-

ures one generation, we have advanced from the "Fraternity" of four, to the State Society of one hundred and twenty, now living and active members, besides twenty-one in honorary and corresponding membership. There are also about one hundred and forty other practitioners in the State doing good service in our distinctive practice, though not all of them eligible to the highest privileges of our school, but who, let us hope, are honoring themselves in the calling which they may have too hastily undertaken.

There are many people who seek with their patronage the "safest" style of medicating themselves and families, and as safety is admitted on all hands to be one merit of Homœopathic medication, its popularity and success is pretty well assured by even the most ordinary skill in prescribing our remedies. Hence there seems to be encouragement for many practitioners, who are not yet qualified for membership in our State Society.

We have about five thousand practitioners in the United States. We maintain nine medical colleges, five hospitals, and more than twenty dispensaries are contributing to the growth of our system of practice. By tests, which they furnish in published statistics of cases and cures, Homœopathy is found to suffer nothing in comparison with any other medical system.

To say that we suffer nothing in comparison seems rather too modest, when the exact truth would astonish one by the immensely larger percentage of cures in our favor, but neither time nor the occasion will justify the reading of tables to show this.

Our "New England College" of course is not included in the above summary.

We need no spoken word to remind us that we have laid no college corner stone, nor made any other show of a determination to do our share in the home-work of liberal education. The State waits for Boston, where, by the terms of the charter the college must be located. In this provision was shown a commendable shrewdness, and we naturally look in the same direction for that energy which shall make it available. Our "Athens" has enjoyed the monopoly of all our large meetings, and she has well done up our heavy work generally, but it still remains for her enterprising Homœopathists to plant our first college in New England, in their own delectable city.

This unfinished work will require great and persistent effort on the part of a certain few doctors. They are known of all men and fortunately are quite equal to the undertaking. A rich reward will be theirs, and naturally from all our borders will be rendered "aid and comfort." The coming doctors, young men and women, upon whose medical skill must depend the preservation of most valuable lives, will seek that skill and obtain it at your energetic hands. In the pursuit of scientific medicine hither will the tribes of Hahnemann come up even to the house of our shrewd and tried servants, Samuel and Isaac and David. According to a vote at our last annual meeting we have resuscitated the hospital charter, which had lain "in situ" for fourteen years, and No. 13 Burroughs Place is the location selected and leased for active operations, with an energy which promises success.

Another highly interesting event of the year, is the erection of the first monumental stone, in memory of the

first public advocate and practitioner of our school in this country.

The committee in charge of this laudable enterprise are nobly sustained in the plan of placing a cenotaph in Greenwood Cemetery, near New York, "sacred to the memory of Dr. Hans Burch Gram, who was born in Boston in 1786." This will become a sacred memorial of the gratitude of some thousands of contributing physicians and friends of the same Hahnemannian school. By thus perpetuating his honored name we mark our own fidelity, and the historic date of the first introduction of Homœopathy into America.

Also, will this year mark the date of the first incorporated Insane Asylum in all the world, to which an unfortunate class of patients can be taken from their homes, where confidence in Homœopathy has been intelligently cherished, and placed under the management of physicians of their own faith; from the tender care of friends whose active trust in our system of cure has been a solace in their anguish, to the care of physicians who can sympathize professionally. Thus is provided for this class of most pitiable sufferers the benefits of a practice and opinions which they had adapted when they were of sound mind. The honor of this humane enterprise belongs also to New York. Her last legislature, with commendable liberality, also appropriated sixteen thousand dollars for other Homœopathic institutions in that State.

Probably history cannot furnish in any other reform more striking results from such small and recent beginnings. Not that we would be vainglorious in our success, or boast of the great work which we are too apt to think

our own hands have wrought ; rather should we be meekly cognizant of the fact that the necessity of our mission was already made, before our eyes were opened to see its importance.

The time for a deliverance of afflicted patients from that most heathenish ordeal of moxas and blisters, blood-letting and salivating, from pukes and purges and villainous compounds, had in the order of a merciful providence at last come. The cry of "God's suffering sick" had reached his ear. This need was imperative, and consequently this work of reform has thus far been made easy and our efforts naturally successful. Through us, as all the world knows, the doctors everywhere have been compelled greatly to modify their theories, and to reduce their dosings, and abandon some vile practices altogether. The truth which enlightens and corrects prejudiced minds, which removes the scales from dim and waiting eyes, which overcomes our superstitions, and "which makes *us* free," has wrought upon the people in a way which the magi could not, nor can, resist, nor time-honored usages withstand.

Our periodical literature in the United States is largely patronized, comparing well, in this respect at least, with any of our opponents. The Eclectic Allopaths, according to best authority, maintain one journal for every two thousand of their practitioners. Our more formidable rivals, the so-called "regulars," support one journal for every thousand of their class, while twelve Homœopathic journals are well supported by our five thousand physicians, which is one for about every four or five hundred. Hence we appear to be the reading population among the doctors, and if the subscription list is any criterion, it

would seem as if the boasting regulars were the least disposed of any of us to take their own doses. Possibly more physicians borrow light from our press and thereby help to sustain it, than are ready to allow their names to be reckoned in with us as doers of the word which we publish. In truth it can hardly be otherwise, considering the frequent conversion from other schools to ours. So common are they that now-a-days special note of them is but seldom made. Now and then doctors, who add to the sin of their apostacy from the old school, the sin of talking or writing about it, daring to take a bold and manly stand for a new practice, have been followed by some sort of censorious persecutions which make a little stir, but ordinarily physicians who become tired of guessing, make but little talk about the change they make in their practice, when they substitute the use of a sensible maxim for a loose antipathic or empiric method in prescribing. Many, very many of them, move on and "change their base in practice" just as the deep water of a river moves on in a noiseless and natural current, changing its bed. As it gathers increasing force from its own motion and the pressure of other waters behind it, so is public opinion working with them and fast cutting for us the channels of free opinions in medical matters among the doctors.

We have about one hundred and sixty publications in all, full one-third of which are of western authorship.

About fifteen volumes have been issued within the last year, a less number than in former years, but some of greater value, of which liberal contributions we should not omit special mention of "Baehr's Science of Therapeutics," in two fine volumes of fourteen hundred pages,

a work of sterling merit, highly creditable to all concerned in its production, and supplying a want long felt by the profession.

Now as the position which we occupy amongst medical men is persistently misrepresented, and as the question of doses must remain a somewhat vexed question with ourselves, while we watch through long years of clinical observation for the facts which are to be our guiding lights, let us see how the case now stands in our posological record, and briefly review the professional relations we hold to our own, and to other medical sects. In our willingness to be convinced by a fair showing we have admitted the truth of Hahnemann's discovery of a principle of cure by scientific medication, a principle by which those substances properly called remedies, and the abnormal forces which we call diseases coaptate themselves, or reciprocate by specific relation and contact, and thereby diminish the power of disease or loosen its hold upon the organism. By what process this is done, whether by stimulation, electrization, or dynamic affinity, we shall not here consider, nor indeed need we ever assume fully to comprehend the "modus operandi" of any curative agent whatever, but as consistent physicians seeking for light along a darkened way, we are performing merely a manly duty by going on to prove and illustrate it, and, so far as we become satisfied of its truth, by applying it. We should do nothing less, and can do nothing more than openly adopt it, adhere to it and defend it. And for our practice under this proposition and shield we claim the use of all means and medicines known in the whole "materia medica," or yet to be known in their "similia similibus" application. And while we thus enlarge our

"materia medica" by a rigid and scientific rule of procedure, we leave the self styled regulars to go on as of old, regularly weather-cocking their "theory and practice" about their pivotal dogma of "contraria contraiis curantur," regularly ignoring in their schools our method of "proving" and cure, and about as regularly adopting some of our remedies in their outside practice, alternately cursing and craving the application of that principle which distinguishes our therapeutics from theirs. Let it not be forgotten that this principle of discovering and applying remedies for symptoms, which we thus accept and defend, and which they in turn affect to despise, and for which they institute such persecutions, social and statutory, is the sole and *only* method of direct procedure from the pathogenesis, or manifested symptoms of a disease, to the selections of its pathogomonic or specific remedy, ever proposed to the medical profession. The profession, as all the world knows, has been groping about in the doubts and in the ever shifting theories of an uncertain science for centuries.

I have just made the remark that Allopathic physicians sometimes adopt our principle of cure, and at the same time deny that they are practicing homœopathy, or (as Webster once charged upon his opponents) they are "stealing our thunder." Allow me a single illustration of this way of their doing things. The astute Professor Ringer, as we learn, recently from that leading journal, *The Medical Times and Gazette*, published a work upon allopathic therapeutics which was lauded far and near as one of the best of its kind, a work of sterling merit and value to physicians. In this book he advises the use of wine of "Ipecac," in drop doses as a remedy for

nausea. He also recommends calcium sulphide "for scrofulous sores, in doses much smaller than the drop, and so on with some other remedies for diseases, "a la homœopathy." The professor was complimented by a homœopathic correspondent upon his hopeful progress in medicine, toward a knowledge and use of the "similia similibus rule in prescribing. A compliment from *that* quarter was not called for, and thereupon the editor of the *Times* grows indignant, and so, after defending this standard work on independent grounds, he binds himself in plain terms to endorse the advice of the standard professor to cure nausea by drop doses of Ipecac, and so on to the end of the chapter, and then sneeringly asks "are we to be called homœopaths on this account?" and answers himself, No. Then he goes on with what he calls "a vehement protest" against the calling of *any* remedies homœopathic, and writes as if he would expunge homœopathy with his pen, and preserve its principles in his own school. What stupidity! Does the learned Professor, or his coadjutor, think they can thus defend and practice our law of cure and escape the slight imputation of being homœopathic? So far as such teaching will carry them they are either homœopaths or charlatans. Let them protest against the charge as "vehemently" as they may, we insist that they are homœopaths, so far as they commit themselves by adopting that principle which distinguishes us from them. Such cases are getting too common to be overlooked. This appropriating our formulas, without allowing us the benefit of our own explanations, is what we call not merely "stealing our thunder," but a merciless attempt to put our crew into a craft of their own constructing, and to steal the chart by which we sail,

and then to set us adrift. And to cap the climax of fraudulent inconsistency, they go on to deny the existence of either crew, craft, or chart, or in reality anything to be set adrift. It is said of a countryman who went to mill that he very naturally balanced the grist, which his donkey carried in a bag upon one side, by stones of about equal weight in a bag hung on the other side. Now if our carrier upon this occasion seems a little too heavily laden on the off side, a weight upon the hither side may serve to balance things, and nothing hinder, provided our pony has the back-bone. My criticism of others is a little grist from our mill to a market, and it will look, sit, and carry better perhaps with a weighty confession to balance it.

Now our current literature, already referred to as creditable to us in the number and general character of our periodicals, may deserve critical notice, hardly less than the allopathic specimen referred to. They should not be open to contributions which inculcate doctrines which are at variance with our accepted principles of cure. Especially should the publications which issue from our largest societies be thus restricted, for they are generally considered most authoritative. All articles, however kindly contributed, which advocate the opinions which belong exclusively to the allopathic school, and from which our most discreet practitioners have labored hard to purge our own school, should be left out.

If they must come to the light, in order to gratify somebody's ambition to appear in print, let at least our organized bodies stand apart from all responsibility in the matter and refuse to put them within reach of critical readers.

A standing resolution in our societies, that we do not endorse the doctrines we publish and circulate, is hardly a sufficient defense to our opponents who challenge our consistency. Possibly we could have done no better during the times of want and dearth of contributed observations, and in the former uphill work of sustaining our journals, but we have now come upon other times. We are now a body of men large enough, with resources and influence enough, with ability enough, and with little enough funds in the treasury for printing, not only to justify but to demand such a selection of papers as will make our publications in the eyes of all men true exponents of our distinguishing tenets, and leave us, where the discerning public expect to find us, in fair opposition to all kinds of quackery, as well as to the "omnium gatherum" theories and practices of the so called "regulars." In *their* current literature we expect to find a compilation of everything medical and medicinal, for they acknowledge that empiricism is their only guide and beacon light, and that enlightened empiricism is the highest attainment they seek. Their "*contraria contrariis curantur*" is the expression of a loose generalizing theory which *must* foster and provide for a faith in everything and everybody, but those who profess to follow a more *positive* maxim. Thus while their published facts and observations may and often do confirm us in our theory and practice, we are under no obligations to publish their peculiar doctrines from whatever source they may emanate.

Now in order not to be misunderstood, I feel obliged to make but a single allusion, and call attention to the every-other-way-most-commendable second volume of our

transactions. There we find papers, which the true homœopathist can never endorse, recommending just such practice as we should be laboring to reform — not merely the precepts we cannot consistently follow, but what we must denounce everywhere.

It is recommended in a paper read before this society, that “when a cathartic is deemed necessary, nothing equals ‘calomel’ in doses according to the age and strength of the patient;” again that “a mixture of aconite and morphine is of the greatest assistance in treating the thousand and one complaints of nervous women, restlessness, coughs, &c.”

If such dosing is homœopathic, as might be inferred by the casual reader who finds it upon such a record, what in the name of either reason or treason is Allopathic dosing.

Our periodicals are too full of such misguided observations, and they cannot but mislead others. New practitioners will put a low estimate upon our fealty to our cause, and, in all who tolerate them, they will work an undermining of that faith which we must individually maintain, or become stumbling blocks in the path of our progressive science. These common place sayings and doings are introduced here, not merely to show how broad a platform we claim, and much less for the encouragement of that loose or mixed class of practitioners, who often wrongly bear the name of homœopathic, and aim to make it too broad, but for the purpose of noting the position which our maxim entitles us to occupy in the profession of medicine, and on what ground our school is able to stand. The minor questions may be from time to

time disposed of without infringing upon the largest liberty of working under the tried and sacred "*similia similibus curantur*."

High dilutionists, low dilutionists, regulars, eclectics, or hybrids, we are all homœopathists, and under the banner of the illustrious Hahnemann *so far*, and *only so far*, as we cure, or pretend to cure, by means or medicines which involve the *similia similibus* rule. So also in the name of a liberal science we protest against the charge sometimes made, that we are recreant to the claims of our school when we use palpable quantities of medicine instead of the attenuated doses.

Our good practitioners, not to say the best all over the world, have thus far enjoyed this latitude in dispensing remedies and will continue to claim it. It is not a demand of our maxim, but the intelligence which comes from the observance of it, which leads us to administer less and less medicine, and to go on still reducing and attenuating our doses as we do. Again it is in the natural drift of our reform to dispense with the use of strong doses as fast as we can substitute new school facts for old school theories, and have opportunity to verify them, and become enlightened by practical observation. In this effort, however, we may be too slow, and be-little Hahnemann's office in the great work he began. We becloud the token of his brilliant achievement, we undervalue the observations and arguments of great intellects who have been at the wheel in this great work, we cramp our own genius and hinder the progress of this benign science by lingering on the threshold of this practical question of the doses. No intelligent practitioners of our school will deny the activity or effect of attenuated

medicines, and again none will doubt that remedies may be safely administered in a crude form, when the dose is scrupulously and religiously small, therefore it may remain a matter of freest choice what attenuation we use, or whether we attenuate our doses at all, until some new dawn of light settles those grave doubts on the one hand, and dissipates that too ready credulity on the other, which have ever made medicine such an uncertain science, and reveals more clearly the "modus operandi" of dynamic medicine upon the occult and possibly spiritual forces with which we are compelled to deal. The hope, may we not say the near prospect, of a clearer solution of the facts which we every day witness and pronounce unmistakable, should continually stimulate us to ascertain each for himself how little medicine he can trust to in practice, and to a careful discrimination of the effects of the different potencies.

And further, as the truth will always vindicate itself, let us hope that the science of pure homœopathy will keep open, and open still wider, her golden gates leading to that elysium which some profess to have already found, which delectable land they say is never profaned by the smells of the pharmacy, where no baneful drugs, no "mother tincture" of root, or herb, and neither steaming retort, nor drug stained mortar are ever found therein. In the routine of busy practice, doctors are in danger of narcotizing themselves with a lamentable indifference to our posology, but discrimination in the size of the dose is not a matter to be dozed over with impunity. Such indifference is most pernicious.

It is in league with disease which wastes our patients, and death which promises to cover the fault we may

thereby commit. Such is our growth and position in the state and country, and such our relation to other schools viewed from the present stand point, and such are some of our intentions, hopes, and prospects, for which we, like all new sects and innovators, fall under the censure of the more conservative party, for which, by degrees, we have lost "caste" with the professional brotherhood, which "blessing in disguise" we should to day acknowledge, and return thanks to the giver of all good things.

In regard to organization, we remark briefly that if we should look for a system by which to organize large numbers of men and women into societies, which would in the fullest degree embody man's work, we should probably find the best type in his own physical structure.

As our human bodies are not in a healthy condition without a proper balance and play of the bodily functions, so will any organized society develope its best proportions, abilities and uses by means of its smaller societies, which are the real tributaries of its growth. Unless feeding, digestion, assimilation and circulation go on well we suffer a decline, and so in society movements these functions must be actively represented and fulfilled in order to a truly vigorous growth and development. The essential element of success in society movements lies in the activity of its members, hence the small societies should be made up of those, and of those only, who can conveniently and often meet together. These being mainly engaged in local interests, they should send forward to the larger societies only their best selected observations, and their most carefully digested opinions. So their accumulated knowledge, indicated as "papers," should pass on by a sort of culling and sifting process, from the

smaller through the state societies to our "American Institute," as things now stand, or to some subordinate institute as things might and perhaps should stand.

It is plain that the work of collecting and disseminating contributed papers, and as we hope giving a higher character to our literature, and an enviable distinction to our name, should be done in greatest measure by, or through the American Institute.

The official status and work of that society should be that of the head, while other organizations should serve as limbs and functional organs, and so should be built up and bound together, these many parts forming a kind of national body, a grand and active man. In time to come there may be some higher conclave of homœopathists to organize a grander head, to which the National Institutes may be only the tributaries.

It will be remembered that the Western Institute of homœopathy a few years since passed a resolution advising the reorganization of the American Institute, and soon afterwards this society seconded the movement in a similar resolution, and with some, though ill timed, effort to accomplish it.

Now it must be difficult for the members of the American Institute, who may find themselves convened at any meeting of that body, to persuade themselves that they cannot do the business for which they have met together, and hence by a common consent we follow our habit, and from year to year continue mainly in the beaten track.

This may be well enough for the present, yet it must be apparent to all that a society of the number it will soon reach (if it has not already) must be too unwieldy

to work well in its present capacity, and illy adapted to the wants of the profession at large, or its subsidiary societies. We find no fault with its constitution and laws, nor intimate any lack of entire satisfaction with its eminent success and prestige, but it seems from many considerations that it must eventually become a body of authorized representatives only, both for convenience and efficiency.

If any think it essential to have a constantly increasing membership to obtain the funds which are a "sine qua non," the answer is that the cost will be less, and be more properly borne by those who will reap the benefits of its work.

The members of all its tributary societies are essentially its own members for use, and would of course contribute to its pecuniary needs. Were we all voting members by virtue of its by-laws, we should no more all expect to meet together in one individual capacity to do our individual talking, than a civil government should undertake to manage its larger interests without legislatures and executive departments of different grades.

The great West foresaw the need of a larger organization than her State societies, at a time when the American Institute for a few years abated her zeal, and she took the step in creating a Western Institute which she never should have retraced, after she had appeared again in her high position. Instead of in any way substituting itself for the American Institute, it should have remained its ally and support. Such a step the steadfast East might now follow with possible advantage.

For several years the West had in operation her Western Institute, comprising and combining the energy of

her smaller organizations. From Ohio, westward, it included the rank and file of fifteen states, and virtually constituted the right wing of the American army of homœopathists, never really in competition with the American Institute, what ever may have been the animus in its formation, but a society which might have become its strong right arm.

Now, as a balance to the West, not in competition, except by the noble effort of creating and concentrating in different sections homœopathic influence and to complete the image just now drawn, there might be created an Eastern Institute for the left flank, or another supporting arm.

This it seems to me is, or soon will be, about what is needed for our emergency when it arrives, for devising a well balanced co-operative work. In the East we have ten States with their chartered and flourishing societies of nearly one thousand working members to begin with. And in a few years more, after some further reconstruction and freer fellowship with our southern allies, there will be a dozen more sunny States to constitute our southern wing, and East, West and South would thus complete a strong tripod of support to our great American Institute. Now with these smaller Eastern, Western and Southern Institutes in operation, a change in the character and office of the American Institute would follow of necessity, and again should she first inaugurate the change in her constitution, the necessity of these subordinate bodies would not be less apparent. When this, or something like this is done, our position in this great country will become commanding, and our mission in this respect complete.

The difficulties in the way of reorganizing the Institute are very evident, and that greatest of all impediments the questionable utility of such an effort at present, and the subject is not introduced from any desire to urge its speedy accomplishment, but as briefly alluding to an important subject to be kept in mind.

Now, for many years, our sect has lived an easy going life among the doctors.

Not forgetting our common "Alma Mater," we have cherished a good will, and with it have exercised great forbearance, and in ourselves a most self-denying policy, but as time goes on the medical sects seem to be encouraged in their sectarian feuds, as a state of things most agreeable to a free-thinking public, as well as measurably so to themselves.

We seem to flourish best by our antagonisms, and hence we make the unpleasant inference that we must be left to compete and strive with each other indefinitely. We are upon a field of strife, and if public sentiment stimulates the fray it must go on until we are respected in our rights, and fully fraternized by the doctors, who, now being in the majority, put on airs and refuse to meet us in council. As long as the lamb and the lion cannot safely lie down together, till that prophetic future has dawned upon the world when we may suppose the "king of beasts" will have become more lamblike, we may as well be caring for our own fold, and leave the lions to sleep in their lair, or to growl for their prey.

If because we practice by a professedly scientific rule, we are to be denied access to the hospitals which are endowed by the charities of the public of which Homœo-

paths might almost claim alimony or the "widow's third" in interest; if the strait coats of the army and navy surgeons don't admit of room enough under them for large human hearts; if the doctors of the dominant system of medicine mean still, in this enlightened age and country, to dominate over the suffering sick and not allow them when in the hospitals, or in the army or navy to choose a system of practice, even to die by, it is time we were building up our own sectarian, yes sharply sectarian institutions. Organization and coöperation are the talismanic words which will soon win us the day. They will soon build our defences and our towers, and more than this they will open to us the now bolted doors of Hospitals and Insane Asylums, and make way for the coming doctor in the army and navy, and thus enable us to demonstrate to a waiting world the power we possess over its diseases, by means of our Homœopathic principle of cure, which is at once simple, safe and scientific.

XXXIII.

ANNUAL ADDRESS.

BY DAVID THAYER, A. M., M. D., BOSTON.

MR. PRESIDENT AND GENTLEMEN :

I congratulate you on the favorable circumstances in which we meet. Every year adds fresh evidence how surely and widely the theory of practice which we advocate is making its way to general if not universal acceptance. The time has been when we were obliged to come up here "armed and equipped" to do battle for our cause. Like the Jew, when rebuilding the walls of Jerusalem, we were forced to hold our implements of industry in one hand and weapons of defence in the other. Like our ancestors when surrounded by Indian foes, we went up to worship God musket in hand.

Those days happily have passed away. "The clouds that once lowered about our house are now in the deep bosom of the ocean buried." The world always preserves that which really serves it.

The defeated captain at St. Helena was always ready to explain very clearly how Wellington ought not to have conquered him at Waterloo, but the great, busy world has no time to listen to the explanation. Sufficient it was for men in general, that Wellington did conquer. So with us. Facts have vindicated us. The witty poet covered us with dainty ridicule. The rapier was so keen it was almost a pleasure to be stabbed by it. The grave

essayist showed in how many points extinct quackery resembled Homœopathy. The jokes flung at infinitesimal doses and dynamic power glittered like fire-flies on a summer evening, and they lived about as long. More bilious critics traced all conversions to ill-success in allopathic ranks and hope of golden gain in ours. We were all second rate men, to be sure, of no account as scientific explorers; men who would never have been heard of in allopathic ranks. But then they kindly gave us credit for just sense enough to make us guilty of deliberate imposture. We were not so wholly fools as to be allowed to escape censure on the score of being dupes. Meanwhile we remembered Jenner and Harvey. We recalled the fact that very little effort had ever been wasted on real quackery; that in the history of our race it was a noticeable fact that mischievous errors had been rarely persecuted, while struggling truths almost always were. To this storm of envious abuse our complete and quiet answer was *success*. This is the most provoking of all retorts. It was of no use to compare us to Perkins' Tractors and similar ephemeral expedients, since of these allopathy had triumphantly asserted that they were all forgotten long before their inventors grew old, that in ten years they were things of the past. Homœopathy, on the contrary, cured millions, and could point to an existence as long, at least, as any medical theory known to history.

"Have you looked into Hahnemann's Organon?" said an intelligent and liberal minded clergyman to a self-conceited M. D. "No, but I will when you examine Joe. Smith's Bible," was the retort, which passed for excellent wit. Whether wit or not it was very poor science. The

Koran would have been a fairer comparison, since our theory can boast as long a life as that of Cullen or Boerhaave, Abernethy or Broussais. As a student of moral phenomena, any one interested in mankind should investigate the results of all creeds and delusions that hold millions in their chains.

The true scientific explorer is bound to investigate Homœopathy as a grave fact, not as the object of an empty jest. And our success will compel this. We may safely leave our cause with the intelligence of the century.

The Quarterly Review once ridiculed the idea of a locomotive. The tory wit still makes fun of universal suffrage; but railroads and republics have survived the foolish wit, and science now sets herself to analyze and explain what pedantic bigotry laughed at fifty years ago. "What," said a conceited lawyer to Stephenson, when cross-examining him before a committee of the House of Commons, "what would happen if a cow should get in the way of your locomotive?" and the pedant laughed as if he had settled railroads forever. "It would be *vara bad for the coo*," said Stephenson, in broad Scotch.

The experience of Homœopathy has been similar. Timid men trembled when our locomotive encountered fashionable ridicule. But we roll on fifty miles an hour, and it has meanwhile been "*vara bad for the coo*." We may well rejoice at this release from the disagreeable task of self defence. It leaves us free to survey the healing art from the highest outlook, to glance over the whole field of our professional life in its amplest breadth. Into this survey we can carry one lesson taught us by the severe

experience through which we have just passed, that is the lesson of a liberal toleration of all new ideas, a generous welcome to all suggestions for improvement, whether they come from the profound thought of broad and far seeing minds or from the experience of practical men.

Of the great Lord Bacon, Montague has well said that "he was willing to light his torch from every man's candle." This is the humility of true science. There must be no source so humble that we disdain to learn from it. An art, which owes the Jesuit's bark and vaccination to patient imitation of the lowliest of the race, cannot surely afford to leave unoccupied the fields from which it has gleaned so much.

Though we owe the earliest study of anatomy, and the first treatises on that subject probably, to the wise Egyptians, still they were in the habit of carrying their sick into the market-place and highway, and not allowing any passer-by to go on his way until he had contributed whatever knowledge his experience or his travels could furnish towards the sick man's relief. Such was this wise people's ingenious method of adding to medical knowledge. And the picture, while it paints so graphically the simplicity of early times, reads us also a lesson of making the best use of all opportunities. In this it portrays the humility of true science.

"They who first found the way of curing disease," says Cicero, "thought it to be an art that ought to be ascribed to the gods, which is the received opinion."

If we look back to the earliest history of medicine it is lost in the mists of superstition. The lavish gratitude of mankind deified the hand that cured them.

A little later it is creditable to the human mind that the saviour of life was more highly valued than the destroyer of it.

The Argonautic Expedition was not undertaken without the attendance of a physician, and when Machaon was wounded at the siege of Troy, the whole Grecian army trembled for his safety. He was very specially cared for, and Homer puts into the mouth of one of the Greek chiefs the sentiment :

" A wise physician, skilled our wounds to heal,
Is more than armies to the public weal."

Still the estimate differs in different nations.

At Rome all surgical operations were performed by freedmen or slaves, while Athens gave to the science of medicine so high a place, that the law allowed no slave and no *woman* to practice physic.

With Hippocrates, practically speaking, the science of medicine began. He was the first scientific observer whose works have come down to us. And we may fairly have this boast, that no human science can show a finer genius for its creator, or a more masterly work for its foundation. What Plato and Aristotle are in philosophy, and Justinian in law, it is fair to say Hippocrates is in medicine, and that he deserves as high a niche in the temple of intellectual fame. For accurate observation, masterly analysis, profound insight, and, above all, unerring common sense, he ranked with the best minds of Greece. Where too, in the poets, ancient or modern, can we find a sublimer hymn to Deity than Galen's lofty outbreak as he finished his essay on the structure of the human skeleton.

"In explaining these things," he says, "I esteem myself as composing a solemn hymn to the Author of our bodily frame; and in this, I think there is more true piety than in sacrificing to Him hecatombs of oxen or burnt offerings of the most costly perfumes; for I must endeavor to know Him myself and afterwards to show Him to others, to inform them how great is His wisdom, His virtue and His goodness."

It is worth while to recall these things, because they lead us naturally to the remark, that in the first half of the historic period the physician almost monopolized science. Scholars regarded him as *par excellence* the scientific man. To this we owe the the lavish panegyric which Parr bestowed on the physicians of his day. And this explains why surly and honest Sam. Johnson accorded them so high a place.

In erudition, science and habits of deep and comprehensive thinking, Parr contends that physicians took the lead of the three professions; and Johnson seems to have agreed with Sir Wm. Temple that physicians have more learning than the other faculties. To be sure a division of labor has taken place in our time, and the students of social science claim as their province much of that field which was once quietly surrendered to the physician.

DUTIES OF THE PHYSICIAN.

But guardians as we are of the public health, we must not wholly relinquish our place in these departments.

A thousand occasions summon us to do our duty to the public. The water arrangements of cities, the warming and ventilation of dwellings and public buildings, the lo-

cation and arrangement of hospitals, some portion of school government, the legislation relative to insanity, and that touching intemperance, the drainage of towns, the habits of daily life which favor or avert disease ; all these surely come within the legitimate sphere of the physician, and cannot be relinquished to any devotees of social science without recreancy. Among these let me specify that, in my judgment, the whole code of Massachusetts relative to the treatment of the insane needs thorough revision.

It takes far too little care to preserve individual liberty. The press has called attention to different cases of cruel injustice in New York and Pennsylvania, under codes modeled like ours ; and such have not been wanting in this commonwealth.

A disease not always to be clearly ascertained, and liable to be often mistaken, is treated with a harsh and cruel rigor which the fundamental principles of our government forbid even in the case of one charged with murder or any other grave crime.

I need not dwell on a topic, so often and so well treated on these and similar occasions, the character of

THE GOOD PHYSICIAN.

That tenderness and sympathy so necessary in the sick room, the patient attention to symptoms, the untiring watch over all changes, the loyal friendship and sense of justice, which refrains from experiments in a sick chamber ; the steady courage which chooses quietly between different methods of treatment, with no show of doubt or irresolution to alarm the sick man ; the constant cheer-

fulness which inspires hope and doubles the power of medicines; the frank truthful reply when no hope remains.

All these traits we recognize, as well as a vigilant study of all new suggestions and discoveries, so that we may be sure to bring to our patient all the aid that human art can furnish. Besides this, the kindly watch and word of advice on health which prevents more than we can ever cure.

Then the courtesy towards each other, the full readiness to impart our experience for the direction of our fellows and the advancement of science, a reserve in mutual criticism, and jealous care for each others reputation, standing as we all do in circumstances where one unguarded or malicious word can work incalculable harm, the speaker meanwhile not to be traced, and beyond responsibility. Of course we could spend hours in finishing this portrait. These are but outlines, though in painting a good physician what do we paint but a man of keen insight, a faithful and studious observer, and a candid pupil of nature, an independent thinker, brave to meet danger, cool in moments of unexpected difficulty, an honorable man, a true and active friend and a loyal comrade.

Gentlemen: I am proud to say that we can find many in our ranks who could well sit for this portrait.

OUR SYSTEM.

My first duty here is to profess, in your presence; and I know with your hearty assent, our full and growing faith in our system.

We gather day by day fresh evidences of its soundness and its adaptation to the cure of disease. Every day shows its marked superiority to that Allopathic treatment, from which some of us have come up hither. In its powerful influence on disease; in its specific and easily guarded effects; in its slight interference with all other functions except those we seek to control; in its exclusive touch on diseased action, leaving the convalescent nothing to get up from but the disease, no medicine to surmount; in its leaving the patient so free as to ordinary diet and his usual business; in its decisive action putting an end to disease, not merely hiding it, we recognize a vast superiority over all other schools. The experience of every day only adds to our confidence, only increases our admiration for the resources of our art. Over some diseases, hitherto most intractable and beyond the reach of other methods, we have seen our school achieve a perfect mastery.

The Hospitals of Europe and this country, the large experience of our rapidly growing numbers here, bear one testimony.

Already we see the wide influence our career has had in simplifying the methods of other schools, leading them to rely more on nature and dispense with the lavish use of nauseous, useless and dangerous drugs.

We outgrow the contempt and infidelity of our times by showing results. We are content to rest our claims there, and to wait the verdict. Let the dispute as to the *rationale* of our practice go on; it is a useful investigation of the laws of health and disease; it will help forward science, and meanwhile we point to experience as conclusive evidence that our method is efficient. Like a

score of problems in physics, where self-satisfied philosophy in former times presumed to dispute with experience, because it could not explain the *how* and the *why* of the effect. In time a deeper insight sufficed to see the chain of connection between the cause and the effect. A more devoted study at last wrenched from nature her secret. Science and every day experience were brought into agreement. So it will be by-and-by. We are only to work on and supply facts. In time the world will come to recognize another Bacon in Hahnemann and accept the laws which he announced.

WOMAN.

There is one question daily assuming increased importance. I mean the recognition of woman as a fellow-practitioner with ourselves of the healing art.

Everything points toward the wider usefulness of woman. Socially, in literature, in many channels of philanthropic effort, in that most important of all human concerns EDUCATION, woman's place has been generously recognized within the last century. Every year, and every great event, has contributed to bring her in closer and more important relations with the great moving world.

It is not strange therefore that professionally, and even in civil affairs, her claim to share should be put forward.

I am too frank, and too loyal to the great civilizing forces of society, not to confess in passing that I think she has rights and duties in politics. Further, with great questions of vital interest impending, my judgment is that we cannot afford to excuse woman from her fair share of responsibility in these matters.

Putting this aside, however, as not germane to our meeting, I feel that there are peculiar reasons why we Homœopaths should lead the way in the recognition of woman's rightful place in this profession. Our theory makes large account of the delicate and subtile forces that affect health and disease. We study these and appreciate them more than any other school of physicians.

Now every man knows that close, cordial and intimate sympathy between patient and physician is one of the first requisites for successful treatment. There is no need to enquire *why*, but the fact is so. Every thoughtful man knows that there is often more complete sympathy between man and woman than between persons of the same sex. No student of human nature but must have seen this in other things. Why should we not avail ourselves of it in medicine?

Again, full, frank *confidence*, almost gossiping confidence, a lavish communication of all facts, is often the readiest way to a correct diagnosis. We have the merit of acknowledging this principle more fully than any other school of practice. Hahnemann leads the way in appreciating its vast importance. Again, every one must see that sometimes those of the same sex will open their lives and hearts to each other far more intimately than those of opposite sexes. Any medical man, who has had to grope his way among half-hidden symptoms, and then from some brother or sister of the patient has at last got a glimpse of a train of symptoms or tendencies which clear up half his doubts, must appreciate this. Here again comes in the value in many cases for women as counsellors for their own sex.

Again how idle to ignore the fact that, in a large number of cases, women advise women out of their own *experience*; men can only advise them out of their knowledge or inspection. Woman can in such case prescribe largely from personal experience. To argue that such aid in critical cases is of no use, or of little use, is simply absurd. It may be decisive in the treatment of a critical case; it must in all cases be a great help. The peculiar fitness of woman for the sick chamber, her natural tenderness, even the delicacy of her manipulations I will not touch on because no one denies them.

Another very special reason why we should welcome woman to our Society, and invite her to full fellowship with us in the study and the practice of the healing art, is the great help she will be as a prover of drugs. Most of our provings have been made by men, and the pathogenetic symptoms developed by these provings relate specially to men; and we never can know all the powers of drugs till woman shall join in the very important work of drug-proving. And I venture the opinion, that the provings to be made by women will be quite as reliable as those made by men.

Beside there are other and deeper reasons why her assistance in disease is of special value.

In art and in domestic life, if there is any one thing that marks woman, it is her superior *patience*.

As a copyist of the masterpieces of painting, woman's pencil bears the palm. In the quiet struggle with the necessities of domestic life she bears right on, quiet and persistent, where man breaks down, or frets himself into

uselessness. This quality alone peculiarly fits woman for great usefulness in handling disease.

But above all, and before all these peculiar reasons, I feel that woman holds one-half the brains of the race. Her recognition in medicine just doubles the chance of our improving the science. We cannot afford to excuse any intellect from helping to develop this indispensable science. Every one could see the folly of deciding that only one-half of the male sex should be allowed to touch the healing art. Of course we should see that possibly in excluding that half, we excluded a Hunter, a Boerhaave, a Jackson, or a Hahnemann. So in excluding women, who can say that, among the intellects of that sex, there may not some time appear those which will marvelously improve medicine? It is miserably unphilosophical to insist on running any such risk. Science accepts help from every quarter, and shrinks from discouraging the slightest possibility of aid. I will not discuss the point more at length. But I desire to record my judgment, that our school especially, and all schools of really scientific medicine, must inevitably accept and encourage the participation of woman in the study and practice of our art. We cannot put back the current of the age, even if we would: only the bigoted victims of a narrow and timid philosophy attempt it.

We are the pioneers of medical investigation, with minds "open," as the poet says, "to the sunny South"—receptive—pledged and taught to welcome new truths.

We must accept the tendency of the age, recognizing it as true progress, not dreading it as rash experiment. The civilization which produced and welcomed Maria

Edgeworth, Mrs. Browning, Charlotte Bronte, Mrs. Child and Mrs. Stowe in literature, Mrs. Somerville, Maria Mitchell in science, Lucretia Mott, Mrs. Howe, Miss Dix, Florence Nightingale and Clara Barton in philanthropy, will not support us in the presumptuous assumption that aid from woman is not possible. Woman can help in medicine. I will not chronicle the women's names who have already done so here and in Europe, now as in past years. I only pledge Homœopathy, I trust with your concurrence, to a ready sympathy with the age in accepting this new ally.

ANIMAL MAGNETISM.

There is another question which beckons us to its investigation, Animal Magnetism.

I have said that our school of practice recognizes most fully the wonderful influence, the controlling influence of those delicate and subtile forces that many men disregard or sneer at. When did a sneer deter or discourage the true student of nature, "That man who finds tongues in trees, books in the running brooks, sermons in stones and good in everything?" If sneers could annihilate truth or smother its utterance where would have been our school and practice to-day?

I rather gravitate toward the attentive examination of that which superficial men scoff at.

My experience has been that in that direction lie often valuable truths.

Rothschild's maxim was to buy when other men, in a fright, sold, and to sell when other men, delirious with hope, bought in. The shrewd millionaire's maxim is not one of the worst to guide us in science.

A thousand trifles point in the direction of the marvelous influence of one body over another, and seem to trace this to some electrical state.

How often one person's presence or touch is pleasant, while another's is repulsive.

Children and animals know by some instinct who are fond of them. The orator magnetizes his audience. Only some such explanation as this accounts for the otherwise inexplicable effect of a speech which, when read, is flat and lifeless. Only this will explain why one earnest man's words often are wasted, while, in the same hour, those of another stir them like a tempest.

I might carry out this catalogue infinitely. We all know that the brain is an electric machine. If in disease we can stir it to action, the normal condition of the body returns.

How is it else that WILL sometimes conquers disease?

How is it that WILL prolongs life days, after our mechanical science would be sure a man ought, according to all known rules, to die?

Such facts point to a power hitherto little recognized and little studied, which of late years has largely attracted public attention.

I am sure I have seen marvelous results from the use of this agent. I am as sure as I can be of any scientific fact, that some persons are especially endowed with this vital force, and, far more than other men, are able to affect their fellows. The evidence of these facts is so overwhelming that to disbelieve is more credulous than to believe.

It seems to me two duties rest on us as a profession.

As pioneers in the service of humanity and in the interest of medical art we are bound to lead the way in investigation. We are set to guard the public from mistake and deception. We are also set to lead them into all truth which is of value in the matter of health and disease. Hence I deem it the duty of this profession to investigate this subject, unless we are willing to sink down into mere mechanics, mere nurses and compounders of drugs. We must vindicate our claim to belong to the scientific class by leading public thought in this matter, which so much interests them. It is not for us to select what we will study. As well might the night watchman select what beat he will walk, and what crime he will watch. He is to watch every threatened point—to counter-work every criminal attack.

So with us, the science of the age is to guard, lead and teach its own age.

Of course therefore it must grapple with the problems which interest, the dangers which threaten, its age.

Further, in my opinion this force holds within itself large means of helping us grapple with disease. We can use it to great advantage. We must not leave it to be misused, or perverted, or to fall into contempt because misused or misunderstood. We should adopt it and develop it, make all possible use of it, lift it into one of the recognized helps in our profession.

I mention this as only one of the powers existing all around us, which have already often obtained popular approval, and only wait scientific recognition. These we should study with candid and independent minds.

AUXILIA.

Although we believe the only law of cure is the Homœopathic law as expressed in the formula of Hahnemann, "*Similia Similibus Curantur*," we also believe that, in the treatment of the sick, this law applies chiefly in the use of drugs.

While we all are fully imbued with this belief, we do not deny ourselves nor our patients, those valuable auxiliaries, the various and multitudinous uses of the temperatures, through the media of air and water; nor of exercise, peculiar foods, nor the soothing and helping influences of electricity and animal magnetism.

In the art of healing as in everything else, the end sought for is often attainable in various ways, and it is within the province of the wise physician to be rich in expedients—ever ready and equal to all emergencies.

Let us suppose a case of internal inflammation—Pleurisy if you please—an inflammation of the pleura. What is inflammation? Hippocrates defines it as "*rubor et tumor cum calore et dolore*." What has caused the pleurisy? A chill which has checked the free circulation of the blood at the surface, and increased it in the internal part, the pleura, developing all the four properties of active inflammation—redness and swelling with heat and pain, together with the more general symptoms, rigors, general fever, heat of skin, thirst, headache, with short dry cough, including the sharp lancinating pain in the chest, flushed face &c.

The Homœopath has already decided that these symptoms indicate aconite, and we all have many times in our

practice verified its great value in this first stage of Pleurisy.

But the object sought is to relieve the internal local inflammation and the general symptoms,—in other words to relieve the internal congestion and promote the circulation at the surface of the body. Whatever method we adopt to effect a cure, we should follow nature.

The good mother puts the patient in bed with hot bricks, and administers hot drinks, thereby promoting perspiration and restoring the cutaneous circulation and equalizing it generally. Thus the ill effects of the chill is overcome and the patient is thereby relieved.

The Hydropathist plies the cold wet sheets with blankets, and administers large quantities of cold water internally, thereby promoting perspiration and restoring the cutaneous circulation and equalizing it generally.

The Thompsonian follows his peculiar system, and doubtless follows nature in some degree, and thereby gives some relief to the patient.

The Allopathic physician, when we were of them, used rubefacients, diaphoretics, and extracted large quantities of the vital fluids, by which, it is true, he relieved almost instantly the pain in the chest, and greatly increased the chances of a fatal termination of his patient.

There are several other well known and popular methods of treating this and other diseases which I have not time to enlarge upon, and only one which I will briefly notice, that is called the

LIFTING CURE.

It consists of a series of liftings of weights, light ones at first and successively heavier ones.

This method is liberally patronized in Boston by some of our ablest and most intelligent men and women.

This institution is not known as a hospital, but as a Gymnasium.

Some cases of pleurisy are reported to have been cured by this method, in a much shorter time than was ever done by blistering and bleeding.

The *rationale* of these cures, if they are to be credited, seems to be the determination of the blood to the surface of the body, which is always the case in lifting a heavy weight, as is indicated by the blush which reddens the face, and pervades the whole body during the act of lifting.

The two cases of pleurisy referred to above are reported to have been relieved in less than an hour, by lifting no more than eight times, incredible as the statement may seem.

There were also two cases of bilious colic cured, in a very short time, by this same method of lifting.

In this treatment of bilious colic, often if not generally caused by the passage of calculi through the biliary duct, the act of straining to lift a heavy weight is a most successful imitation of nature, who institutes vomiting in order to force through the ductus choledochus the calculus too large to pass with ease.

Nature institutes vomiting in parturition for a similar reason.

The lifting cure, for many affections, has in my opinion this superiority over some other methods, viz: that while it relieves the system of morbid conditions by equalizing the vital forces, it, at the same time, strengthens and invigorates the body. How often have we heard it said that horseback riding is the grave of dyspepsia? While our school of practice recognizes and hails with delight all these helps, and welcomes every suggestion for improvement, we claim that as there is *one and only one law of cure*, and that the Homœopathic law, "*Similia Similibus curantur*" still, as therapeutists, we are not excusable if we neglect any of the auxiliary methods within our reach, to aid in the cure of disease. We do not regard them as belonging strictly to any medical system. They should be included in the regimen, with bathing, exercise, diet, &c.

We conceive that, as pioneers, we are bound to adopt everything that promises help in the line of our duty as practitioners of the healing art, hoping that in our time may be fully realized by this Society, the spirit of our motto "*certiorem medendi usum maluit.*"

The mischief of medical practice, since the time when it was recognized as a science, has never been written, nor adequately conceived by any one mind.

So ruinous had become the uses of medicine in the hands of the "regular practitioners," that the common people often preferred for themselves and their families to risk the chances of disease, rather than the dangers of the Doctor.

Was it not time that something should be done to put a stop to the evils of drugs in the hands of the professors of our art?

These abuses were fast undermining the physical constitutions of the civilized race. The ruin they have wrought cannot be repaired in ten generations of abstinence from Allopathy. So much is true in regard to the decay of the teeth alone, to say nothing of other tissues.

We may form some idea of the extent of this evil if we remember that, to repair only the thousandth part perhaps of the dental destruction gives employment to about 9000 dentists in this country, and has established several Dental Colleges.

Of course our Great Master gave us only a principle, he could not apply it fully. It is our part to develop its relations with all kindred truths, to fortify it with the most profound and extended examination, to apply it as widely as possible, to verify the exceptions and make as precise, as is in human power, its exact limitations.

It is true that Hahnemann lived long enough, and retained such rare activity of faculties as to enable him to complete, to a most wonderful extent, the development of his rules. But no life is long enough, no one experience wide enough, to exhaust a science. If we would honor our Hippocrates, we must plunge on and on, as fearlessly and as independently as he did, in bold scrutiny of nature's hidden forces and partially known laws. The peculiar felicity of our present assured position in the scientific world is, that it leaves us leisure and opportunity to search further on, and welcome to fair trial these newly discovered powers.

If I were to choose a motto worthy of our origin it should be first CAUTION, one of the marked characteristics

of Hahnemann, second COURAGE, intellectual courage, a trait next to the other in his gifts.

A *rash* Homœopath would be a contradiction in terms. A *timid* one, one deterred by the doubts or sneers of those about him, would disgrace his school.

Gentlemen: I have asked your attention to some matters not often recognized at these meetings. I feel that they deserve investigation; whether all they seem to promise shall be finally accomplished no one can tell. But as watchmen and pioneers we must search and try. The sentinel's eye sweeps the horizon to watch the first tiny appearance of danger. With like vigilance we hail the first revelations of scientific improvement.

Coleridge says, in some one of his essays, that "often-times popular superstitions, or what are thought to be such, are only the struggling rays and twilight of truths still hidden below the horizon." No true student, he thinks, will despise them.

It seems to me we should carefully study many of them. Disregarding the scorn of superficial men and the opposition of timid minds we should welcome every suggestion that promises to help humanity.

In the interests of truth, for the advancement of science, for the relief of the suffering we are to be bold seekers and candid listeners. Let other men busy themselves in explaining cause and effect; sufficient for us that, in some way, our great purpose is accomplished, to prevent and shorten disease and to make life longer and more comfortable.

We all remember the touching picture our poet Doctor has given us of the Soldier and the Physician in his "Two Armies."

Most proudly we accept the flag under which he musters us. Ours is the army

That moves in silence by the stream
With sad yet watchful eyes.
Calm as the patient planet's gleam
That walks the clouded skies.

Along its front no sabres shine ;
No blood-red pennons wave.
Its banner bears the silent line,
" Our duty is to save."

XXXIV.

REPORT OF THE SPECIAL COMMITTEE ON
HOSPITAL.

THE Committee, appointed at the last annual meeting of this Society to adopt plans to secure funds for the establishment of a hospital, beg leave to submit the following report:

We have conferred with the Trustees of the Mass. Homoeopathic Hospital and have ascertained that the charter of that organization has been and is now in full force; that said Trustees, as far as interviewed, are unanimous in their willingness and desire to coöperate with the State Society in the organization of a hospital under the existing charter, and they think it high time that measures be taken to that end.

Your committee would suggest that the Society should take such action as shall at once result in the immediate establishment of a hospital under the charter which has so long been kept in force, and therefore would recommend that a central or executive committee of seven be appointed to take active measures in securing a building suitable for the purpose.

We would also recommend that local and county Societies should appoint committees to report to the central committee, and that these committees should use every

endeavor to raise funds among their patrons and friends, and also articles to be sold at a fair, which should be initiated upon as large a scale as the central committee may judge expedient; said fair to come off early in the coming winter.

Should these suggestions and recommendations be entertained by the Society, and the committee be appointed, we would earnestly entreat all members of this Society, irrespective of the committee, to lend a strong helping hand in pushing forward so desirable a work.

XXXV.

REPORT OF THE COMMITTEE ON PHARMACY.

The Committee on Pharmacy have constantly assumed as self evident facts, that medicines (drugs) are an essential element in the treatment of disease, that they are the working tools of the profession, that upon their proper preparation depends a great deal of the success of the physician.

The science of medicine in this connection naturally divides itself into two distinct branches, the first the preparation, the second the administration of drugs.

For the first it is absolutely indispensable to possess an accurate knowledge of such physical properties of each drug, as are, or can be made evident by the senses, and the proper methods of preparing them as medicines. This belongs to the pharmacist.

For the second it is equally necessary to possess an accurate knowledge of their individual pathogeneses. This belongs to the practitioner.

Although these are to a certain extent distinct, yet they are inseparably connected and interdependent. The preparation of medicines, however accurate, would be entirely useless, aye, more than useless, were there none possessing the ability of judging how and when to use them. And the practitioner with all his knowledge is

completely at a standstill, worse, his reputation is ruined, if his remedies are not what they purport to be.

Now each drug has some characteristic peculiar to itself. We may go farther and say that the different parts of the same plant possess different remedial powers. It is often this peculiarity which determines its selection in some special case, in preference to an analogous remedy. The first essential for a knowledge of these distinctive peculiarities, is accuracy in the preparation. What we want to know, what is absolutely necessary for us to know, is what part of each and every plant possesses the most medicinal power; at what stage of its development is that power the most active; just where and under what circumstances is a drug in the best condition for use; in the making of a tincture what part of the plant shall be used; what shall be the strength of the alcohol; how long shall it be macerated. Hahnemann directed that the expressed juice of the fresh plant shall be united with an equal part of alcohol. This is very well in some cases, in others such a tincture is good for nothing. There are many plants from which a much better tincture can be made if they are dried a little, others there are which lose a greater or less portion of their medicinal virtues by age. All these and many other questions belong to the pharmacist, and can be answered only after a series of most careful investigations. There is now prevailing a great amount of ignorance in relation to this whole matter. Preparations obtained from different sources, purporting to be made from the same things, present entirely different characteristics. Perhaps one is as reliable as the other, and they may be all equally good, but we want certainty in this matter.

It is announced that an Association has been formed under the name of the "American Institute of Homœopathic Pharmacy." This is a step in the right direction. From this Association we may reasonably expect the most complete and thorough investigation of the subject. To them we extend our best wishes for their success, our sympathies and support.

To the Gentlemen of this Association, we say, Go on. Pursue your investigations with the full determination of exploring the whole field of Homœopathic Pharmacy. The old ground can be profitably worked over, and there is an abundance of new which will yield a rich harvest. Perfect your plan of operations, give us accurate positive knowledge, complete and publish a Pharmacopœia which shall be worthy of the subject, not a re-hash of old books, but the result of new and careful experiments such as the spirit of Homœopathy demands.

Until this consummation is attained your Committee can only pursue the same course which they have for some years past, being ready to lay down the work at any time when it shall become unnecessary in the opinion of the Society for them longer to continue.

XXXVI.

REPORT OF COMMITTEE ON OBSTETRICS.

ABNORMAL ATTACHMENT OF THE PLACENTA.

BY GILES PEASE, M. D.

Before parturition, for a long time, the abdomen of the patient had been greatly distended, "twice as large," she said, "as ever before during the period of gestation, large enough for three babies."

Parturition took place about a week subsequent to the period at which it was confidently expected. Labor of ordinary character and of about six hours continuance to the birth of foetus.

After the birth of the foetus, alive and well, and weighing nine and a half pounds, the placenta remained for some time firmly adherent.

Waiting about an hour and a half without any indications of disengagement, its attachment was found to be from the mouth of the uterus, upward, on the left side, with the umbilical cord projecting from the lower portion of the placenta. On detaching the placenta by careful manipulations, a large membranous sack was found attached thereto, which prevented the body of the placenta from being drawn further than just without the labia;

traced the sack to fundus of uterus; found it encircling a tumor some three or more inches in diameter at the base. The membranes at the base of the tumor were carefully severed, which, thus disengaged, left the placenta free to pass away with its abnormal attachments, leaving a hard, fibrous tumor of three or more inches in diameter at the fundus of uterus. The case presented the following features:

FIRST.—The *placenta* attached as before indicated, in the lower part of uterus on the left side.

SECOND.—The formation of a tumor at the fundus of the uterus, as before described.

THIRD.—The formation of a foetal sack of large size.

FOURTH.—The formation of an abnormal sack surrounding the foetal sack, and with two distinct bases: 1st, the tumor at the fundus of uterus. 2d, the placenta at the lower portion and side of uterus.

FIFTH.—The abnormal sack thicker and stronger than the foetal sack, much larger in dimensions and containing a considerable quantity of fluid.

SIXTH.—The rupture of the abnormal sack and discharge of its fluid contents, some two or three hours before the rupture of the foetal sack.

SEVENTH.—The firm adherence of the abnormal sack, both to the placenta and to the tumor at its base, after the disengagement of the placenta from the uterus.

Case treated in December, 1869.

XXXVII.

REPORT OF THE COMMITTEE ON CLINICAL
MEDICINE.

FROM D. B. WHITTIER, M. D., OF FITCHBURG.

Since the cold autumn months, we have had epidemic influenza, sometimes complicated by capillary bronchitis. The symptoms need not be detailed, differing not very materially from described epidemics of this kind.

Prophylaxis.—Camphor, if used before the febrile symptoms were developed, materially arrested the progress of the disease; when used *after* only palliated. I use by olfaction.

1st stage.—If febrile, Veratum Viride $\frac{1}{10}$; without fever, Nux. vom. ^{3d}.

2d stage. Thoracic,—Sanguinaria canadense ^{6th}. When affecting larger bronchi, Ipecac. When it approaches capillary bronchitis, Ammonium carb. ¹, Tartarus Em. ³, or Sambucus ³.

Prof. Ludlam says, Ammonium carb. and Apis are the two (much neglected) remedies for the cure of this disease. I have saved many cases in the last stages with Ammonium carb. and Conium.

Occasionally a case of influenza in the 2d stage is presented that yields readily to Phosphorus ²⁰⁰, which was not so generally indicated as in the epidemic of last year, it

then being *the* remedy as beautifully set forth by Dr. Bell in *N. E. Med. Gazette*, Vol. 4, p. 85.

Later in the winter months Pneumonia prevailed, affecting mostly children and youth.

The febrile symptoms were dissimilar—some cases continuous; others remittent and occurring towards, and extending into or through the night; circumscribed redness of cheeks; burning heat in palms of hands and soles of feet; rapid respiration; extensive râles; short cough; dry burning heat of body. I think the *genius epidemicus* more nearly approached the pathogenesis of *Sanguinaria canad.*

Veratrum Viride $\frac{1}{10}$ subdued the fever—*Sanguinaria canad.*⁶ completed the cure—duration 4 to 10 days, neglected cases 1 to 2 weeks. My observations of these diseases, through this and previous epidemics, warrant, I think, my previously entertained opinion, that Veratrum is far superior to *Aconite* in acute bronchitic and pulmonary diseases.

FROM L. M. LEE, M. D., OF DORCHESTER.

CHRONIC DIARRHŒA.

Case 1st.—Oct 5th, was called to see Mrs. T. T. 32 y'rs of age, light hair and eyes, and nervous temperament.

She was suffering from chronic diarrhœa, which had troubled her very much for nearly three years, though she had tried various remedies with but little avail. Has from five to eight discharges per day, occurring invariably from 3 to 6 p. m. Dull, heavy pain below the um-

bilicus a good part of the time—at times it is very severe, aggravated by walking or working about the house.

Fæcal discharges undigested and of light color—craving appetite part of the time.

She also informed me that for a number of months past, just after each menstrual period, a hard glandular swelling would come on the left labia majora, lasting from one to two weeks, very painful and troublesome, more especially if she walked much. *Rx* Carbo veg. 3d, 2 grs. in water, a teaspoonful to be taken 4 times daily.

Oct. 8th. Has had but little pain since the morning of the 7th, and but two discharges per diem and those of more consistency.

Rx Carbo veg. 3d, 2 grs. in water, a teaspoonful 3 times daily.

Oct. 11th. No pain, discharges quite normal and once a day ; appetite not so craving.

Rx. Carbo veg.^{30th} once a day.

Oct. 15th. Good appetite, no pain and discharges natural. Dismissed.

I would remark that the menses have appeared and ceased, but no return of the swelling.

Case 2.—Mrs. S. T. age 61, dark hair and eyes, nervo-bilious temperament, has had chronic diarrhoea for four years. The discharges come on early in the morning, from 3 to 8 p. m. obliging her to go to stool from three to six times in succession. Sometimes a cutting, sharp pain in the bowels extends down into the limbs and even to the heels ; pain and weakness in the back ; dragging

sensation in the bowels; no straining; stools of dirty brown color, changing to a yellow, frothy, saffron color; very excoriating mucous stool, seems as if the mucous membrane came off. Variations in diet apparently made no change in stool.

The disease came on gradually. Her son's wife suffering with chronic diarrhoea, *aggravated in the morning*, was, and had been living with her for four or five years *before she—the mother—was taken*.

The first two years she had homœopathic treatment, more or less, but was not materially relieved—the last year had used various remedies, and one compound (a sure cure). While taking it, it seemed to warm the bowels and hold the disease in check a little, but if she omitted it a day or two, the disease would return in full force.

Nov. 1st, prescribed Sulphur ^{30th}, 6 globules morning and night for 3 days, then once a day for four days. After the third day she expressed herself as feeling like a new person; in one weeks time she was *entirely relieved of all trouble*. She has never had a return of the disease, feels strong and well and can do a good day's work.

I would say that I have found Sulphur to work admirably in cases of early morning diarrhoea, and Carbo veg. when it occurs in the latter part of the day, thus verifying the provings.

During the winter months scarlatina prevailed, which was controlled by Aconite, Belladonna, Bryonia, Ipecac and Calcarea generally. For the accompanying angina, Mercurius bin., Kali bich., and Muriatric ac., were used satisfactorily.

Influenza prevailed quite extensively in March; *Al-
lium c.*, *Arsenicum*, *Gelseminum*, *Nux*, *Phosphorus*, *Mer-
curius* and *Sanguinaria*, have proved efficient. The wet
compress on the chest has afforded great relief where
there was dyspnoea, soreness and rawness of chest when
coughing &c. &c.

FROM GEORGE RUSSELL, M. D., OF BOSTON.

I have had nothing particularly interesting in my prac-
tice for the last year, except I have been at times gratified
with the coincidents of relief in connection with the ad-
ministration of some remedies. You will permit me to
give some examples.

Fourteenth January last a lady, about 40 years of age,
called on me for relief from an obstinate constipation of
ten years standing. She had not for that time had a de-
jection without cathartic remedies. She had too cephalal-
gia. Characteristic symptoms large, hard and extremely
painful and difficult evacuations.

Prescription. *Ignatia* ^{200th} 6 powders, some having four,
others only one, pellet of No. 1, followed by *Sach. lactis*.
She very soon became perfectly relieved of her constipa-
tion and continued so till February following, when her
husband was taking *Nux vomica* for a gastric affection.
She thought she would take some too. Her bowels became
as constipated as before, till August, when she was relieved
by *Ignatia* again, and has continued so to the present
time.

Case 2.—Mrs. T., whom I had been treating for about
a year with partial relief, more particularly for her accom-

panying dyspeptic symptoms, had the same characteristic symptoms as Case 1. The constipation still continued, though in a less aggravated form ; I gave the same remedy with entire relief.

Case 3.—Mrs. M. called on me in January last for relief from severe hæmorrhoids, from which she had been suffering for seven years. Characteristic symptoms ; very acute, lacerating pains *after* an evacuation, extending from the anus *up* the bowels, so severe that she could not sit or lie, but was obliged to walk the room for five or seven hours.

Prescription. Ignatia^{200th} five powders, followed by Sach. lactis. She was immediately relieved and continued so till February 7th, when she had a slight attack. I gave her same prescription with same results. She has not been troubled since. I have used the same prescription with like results frequently.

Number of patients last year, from January 1st to December 31, 919—Deaths 9, as follows :

One a child of 18 months with cyanosis.

One girl, 2½ years old, with congestion of lungs supervening upon pertussis.

One of cancer ; only saw her once in articulo mortis. Age 73.

One of fatty degeneration of the heart. Age 74.

One of cancer of stomach. Age 38.

One of old age. Age 92.

One of valvular disease of heart. Age 74.

One of phthisis. Only prescribed for him two months before his death. Age 24.

One from a fall down stairs partially dislocating the neck, producing entire paralysis.

As you will perceive there was only one death from acute disease.

I have been experimenting empirically and clinically with a new remedy for asthma. The remedy was *Silphium gummifera* (Rosin weed). I use it generally in the 6th dilution and with the atomiser in the 2d dilution. I have found it in every case to give immediate relief, and I think in some cases to effect a permanent cure.

FROM GILES PEASE, M. D., OF BOSTON.

Was called March 1, 1870 to see patient, a man of about sixty-five years of age. Mechanic; Briton.

Till within two years he was always healthy and robust; his weight for many years was about 185 pounds; has been addicted to the habit of smoking.

About two years ago he was taken with violent distress in the stomach and bowels, attended by nausea and severe vomitings; could keep no food long in his stomach; he has been treated allopathically by various appliances, internally and externally, cathartics, emetics, anodynes, stimulants, &c., &c. For some weeks, at one time, he subsisted on whiskey and water and sugar, and continued to take it till he could not bear a teaspoonful without increasing distress of stomach.

Now (March 1, 1870) for many months, he continues to have distress of stomach, but not so severely as before.

For nourishment he has taken, sometimes, once in twenty-four or forty-eight hours, a little rye meal mush.

For months, he has had no regular stool, no discharge of regular faecal matter. The discharges from the bowels have the appearance of mucus, much like scrapings of intestines, and often dark colored. From one to three hours after eating feels distressed in the stomach, afterward at a point below, near the left side. The distress often is very intense, and there is no cessation or relief from it, until there occurs a seemingly violent discharge, like that from a sponge through an apparently small aperture. These discharges do not often take place, till after taking large doses of castor-oil, or of senna and salts, and some times of both. After these discharges the patient gets relief from the more violent distress for some hours, sometimes twenty-four—sometimes less.

He has taken, as is judged, within twelve months, as many as three gallons of castor oil, and of senna and salts large quantities. Has sometimes used morphine, without relief,—*has heat and burning in stomach* and in the region below, with great weakness and emaciation,—weight reduced from 185 to 100 pounds.

March 1, prescribed *Arsenicum 6th cent.* two doses, at intervals of 15 minutes. Within a few minutes after the second dose, patient said his burden was gone—his severe distress had left him.

The remedy was ordered to be continued at intervals of six hours, or more frequently if the paroxysms of distress return.

In two days patient had a regular faecal discharge; in three days took a breakfast and dinner of fresh fish and

baked potatoe, and said he felt like a new man—ate, drank and slept well.

During this time felt, in some instances, disposition to return of these paroxysms of distress. Resort to the medicine would promptly give relief.

PUBLICATIONS
OF THE
MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.
1870-71.

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PROCEEDINGS
OF THE
SEMI-ANNUAL MEETING, 1870.

THE Semi-annual Meeting was held at Fraternity Hall, No. 554 Washington street, Boston, on Wednesday, Oct. 12.

MORNING SESSION.

The meeting was called to order at 10.30 A. M., by the President, H. B. CLARKE, M. D.

The records of the Annual Meeting, and those of the Executive Committee, were read and approved.

The President made a few remarks.

The balloting upon the candidates for membership resulted in the election of the following gentlemen :

GEO. R. SPOONER, M. D.	Ware.
S. B. DICKERMAN, M. D.	Ipswich.
SAMUEL WORCESTER, M. D.	Concord.
EDWARD B. HOLT, M. D.	Lowell.
E. F. SPAULDING, M. D.	East Boston.
E. S. HAYWARD, M. D.	Lynn.
W. FALES HATHAWAY, M. D.	Boston.
LUKE CORCORAN, M. D.	Springfield.
SAMUEL ALVORD, M. D.	Chicopee Falls.

The Treasurer, T. S. SCALES, M. D., reported that there was in the treasury at the commencement of the year the sum of four hundred and sixty eight dollars ; that he had since received four hundred and sixty-five dollars ; and had paid out five hundred and twenty-eight dollars ; leaving a balance on hand of four hundred and five dollars.

Dr. JACKSON, from the Committee on Library, reported that the books in the possession of the Society, with the library case, had been removed to Burroughs Place, but were there merely on sufferance. No place has been provided for them, and they are in their present location only by special favor of the Dispensary. It is hoped that at some future time a room may be obtained in which the library can be kept, and made useful. It is now rarely used.

The Committee on Publication reported, through the Secretary, that the printing of the first volume of the Society's Publications was nearly completed. Exigencies had arisen which had delayed the issuing of the volume beyond the first expectations, but it would be ready for delivery within a month. Instructions were asked as to delivery of the volume.

Dr. S. M. CATE, of Salem, as a reply to the request of the Committee on Publication, offered the following resolution :—

Resolved, That the Secretary be directed to distribute, when published, the first volume of the Society's Publications to the subscribers to the publication fund only, and to those societies entitled to them, and to hold the balance for sale at three dollars per volume.

After some discussion, participated in by Drs. Morse, Scales, Talbot and Holt, which resulted in placing the resolution in its present form, it was unanimously adopted.

Dr. TALBOT said that it was desirable that the Publications of the Society should be issued every year, that the members might receive from these meetings all the good which accrues from them, and to which every member is fully entitled. The only difficulty was in securing the necessary funds. Our annual assessments are now but three dollars, while those of almost every other society of importance are five dollars. He therefore moved that Article xxiii of the By-laws be so changed as to read, "Every member of the Society shall be annually assessed *five* dollars," etc. Referred to a special committee, consisting of Drs. I. T. Talbot, G. M. Pease and T. S. Scales.

Dr. C. WESSELHOEFT, from the Committee on Materia Medica, presented an interesting report, which was received and referred to the Committee on Publication. (ART. XXXVIII.)

The Committee on Clinical Medicine reported through A. M. CUSHING, M. D., Chairman. Report accepted and referred. (ART. XXXIX.)

Dr. G. M. PEASE, Chairman of the Committee on Surgery, reported (Art. XL) that he had had the following cases in his own practice: Amputation of arm, after compound and comminuted fracture of fore-arm; Fracture of acromion; Strangulated inguinal hernia,—reduction without operation; Laceration of muscles of thigh; Fistula in ano,—nine sinuses; Fibroid tumor on forehead; Ovarian tumor,

absorbed after medication ; Fracture of fore-finger during early childhood (illustrated by a plaster cast) ; Strangulated oblique inguinal hernia.

Dr. J. W. HAYWARD reported one case of compound comminuted fracture of the femur.

Dr. WM. B. CHAMBERLAIN, Chairman of the Committee on Obstetrics, read a paper on *Ustilago maidis* by D. B. WHITTIER, M. D., which presented the following case as indicative of the use of this remedy. Menses every three weeks, with dark coagula ; profuse, with gushes of bright-red blood when arising from a seat, or after having been startled or frightened ; two days before menses, a heavy back-ache, with sharp pain across the abdomen from hip to hip, followed by expulsive pains, the pains diminish after the flow commences, and stop with it. Between the menstrual periods there is a heavy, dragging back-ache upon exertion ; pain shooting up the back from the hips to the shoulders ; abdomen tender to touch ; excessive bearing down ; pressure in the head ; sensation of contraction in the vertex, and feeling as if the head were being lifted off ; vertigo ; excoriating, albuminous leucorrhœa, worse before menses ; ravenous appetite ; excessively tired feeling ; pulse eighty, and weak ; mental depression. Cured in two months by the second decimal trituration, morning and evening.

Dr. Whittier relies upon the *Ustilago* mainly in 'all cases of menorrhagia, metrorrhagia, and hæmorrhages from ovarian irritation. It is contra-indicated when the flow is pale or watery.

A paper upon the Use of Pessaries, by G. W. SWAZEY, M. D., was read by Dr. Chamberlain. In some forms of uterine displacements, and under some circumstances, he

does not think it possible to get along without the use of pessaries. Has used Harding's pessary with great success, especially in cases where other instruments had failed. Had once only seen bad effects from its use ; in this case it had been left *in situ* for a year, and had become imbedded in the vaginal tissues. But the one he really prefers he prepares himself, as follows : Take a piece of gutta-percha as large as a quill, and about a foot long. By means of steam, bend it at one end into a ring an inch in diameter, and bring down the stem at right angles with it, afterwards bending it into the form of a U or oxbow. This form is easily adjusted to the neck of the uterus at the ring end, while the other end is bent up before the pubis, and secured by an adjustable bandage around the pelvis. It is worn with perfect ease, and removed as occasion requires ; this he considers a great desideratum in the use of pessaries, for by this process of alternating the support and relaxation of the organ is derived a far greater benefit, than from any "fixtured," however agreeable it may be at first.

A letter from Dr. Samuel Swan of New York, was read, in which he recommends *Acid. lact.* for the following symptoms : nausea, with or without vomiting, *in the morning, or after eating*, especially if there be water-brash. Also for these symptoms, whether in pregnancy, or dyspepsia : epistaxis ; hæmorrhages from lungs, stomach and rectum ; spasm of glottis with entire loss of control over the voice, and great discharge of mucus from posterior nares and larynx.

Dr. J. H. WOODBURY read a paper on prolonged pregnancy, giving two cases. Referred (ART. XLI.)

C. H. FARNSWORTH, M. D., reported a case of extra-uterine pregnancy. (ART. XLI.)

Dr. L. D. PACKARD, in the discussion which ensued, strongly opposed the use of pessaries. At best they afforded only temporary relief, and did but little toward an ultimate cure. The cure of all the diseases for which pessaries were used must be made by medicine alone. The evil effects mentioned in one of the papers read were only examples of what frequently took place.

Dr. W. B. CHAMBERLAIN thought the pessary an extremely useful instrument, and one that could not be dispensed with. He mentioned a case in this city which had for a long time been treated by medicine, and at last was relieved only by the pessary.

Dr. T. S. SCALES had cured by medicine alone, at least a half-dozen cases which could not have been cured by the pessary.

Dr. E. P. SCALES could mention two more in which the pessary had been of no avail, but which rapidly and easily yielded to medical treatment.

Dr. J. H. WOODBURY thought that the pessary could not be always dispensed with. It was often a necessary adjuvant to other treatment. In the case mentioned, in which bad results had followed, the instrument should, before it had remained too long, have been removed and afterward replaced.

Dr. S. M. CATE cited the case of a washerwoman, in which there was such complete procidentia that the uterus was external. The womb was replaced, and a rubber ball inserted, with complete relief.

HOSPITAL.

D. G. WOODVINE, M. D., from the Committee on Hospital, reported. Accepted and referred. (ART. XLII.)

The Committee appointed to consider the subject of an Eastern Institute of Homœopathy was not ready to report, and asked further time, which was granted.

C. H. FARNSWORTH, M. D., delegate to the Maine Homœopathic Medical Society, reported a very interesting meeting. Thirteen physicians were present, who were in earnest to make up the lack of numbers by the excellence of the session. They all seemed full of the right spirit, and the meeting with them was very pleasant.

Dr. A. M. CUSHING, delegate to the Vermont Homœopathic Medical Society, gave quite an interesting report of the session. About thirty members were present, coming from all parts of the State. He found them mostly high dilutionists, claiming a much greater success with the higher attenuations than with the lower. He thought that many physicians would be benefited by attending such practical, earnest discussions as he heard there.

DISCUSSION.

The lateness of the hour precluded much discussion of the special medical subjects selected.

Dr. D. G. WOODVINE, however, made some very interesting remarks upon the pathology and scientific relations of Bright's diseases of the kidney.

Dr. DAVID HUNT thought the therapeutics of the disease of far more importance than its theory of pathology,

and were of much greater practical value to the society. He had used *Asclepias syr.* successfully; and Dr. Linnell had completely cured one undoubted case with *Terebinthina* and *Apis*.

Dr. WOODVINE had studied the disease far enough to see the great necessity of pathological study. He would not defer to Flint, or any allopathic authority; homœopathic therapeutics, however, demand study. Clinical evidence is of far greater scientific and practical value when based on thorough pathological knowledge.

Dr. HUNT would not deny the great value of pathology in this, or any other disease, but deemed that the discussions held by this Society, as a body, should be of the most practical nature.

Dr. TALBOT thought that the scientific discussions which may be brought up in this body cannot be otherwise than of great value; yet it is true that the cure of disease is what we need, and should be the end to which all our discussions should tend. Would it not be well if the members of this Society should all be requested to furnish their experience in this disease, at a future meeting?

Dr. N. R. MORSE introduced the subject of the Consumptives' Home. Various members expressed their hearty interest in its welfare, but it was thought best that no action should be taken by the Society, as a body, in relation to it.

Adjourned.

E. U. JONES,
Recording Secretary.

XXXVIII.

REPORT OF COMMITTEE ON MATERIA MEDICA.

A PROVING OF BENZINE.

BY J. HEBER SMITH, M. D., MELROSE.

C. F. E., aged nineteen, light complexion, blue eyes, average muscular development, and sound constitution, after bathing his hands and arms many times daily in benzine, for a period of weeks, while working in a rubber factory, and drinking water impregnated with it, was seized with the following symptoms :—

General prostration ; severe, darting pains in the occiput, from below upward, recurring in paroxysms, aggravated by motion and especially by rising after sitting ; continual aching and throbbing in the lumbar region, made worse by a full inspiration ; pressing pain in the bladder : after passing a quantity of dark, offensive urine, throbbing and smarting in the neck of the bladder and in the urethra for several minutes ; sediment in the urine like red sand ; soreness and sensation of looseness of the upper incisors ; painful, round, white ulcers in the mouth, especially on the inside of cheeks ; hot and very offensive breath ; entire loss of appetite ; craving for lemons and cider ; extreme thirst for ice water, satisfied with a sip, but wanting it directly.

After enduring these troubles two weeks, he took his bed, where I found him, wasted, pallid and exhausted; pulse wiry, and averaging ninety-six per minute. There was, several times an hour, a stool of lead colored mucus mixed with bright blood, accompanied by some tenesmus, and followed by throbbing in the anus and rectum, and lancinating pains from below upward, continuing about five minutes. These stools smelled like benzine, and followed him with diminishing severity about ten days, preserving their characteristics to the last. There was continual soreness to pressure in the abdominal walls, with heat and grinding, wearing pains in the lower part of the bowels, worse just before stool.

Chills seized remote parts and passed toward the head, from the thumbs to the elbows, and from them to the shoulders, and from the small of the back to the shoulders and vertex. There was continual soreness and aching in the clavicular regions and in the muscles of the upper arms. For seven nights, copious, general, warm sweat, toward morning, very exhausting, followed on several succeeding mornings by perspiration only on the breast, on the side not lain upon, and in the axillæ.

For three nights, before the sweating began, complete insomnia, with unpleasant thoughts crowding the mind, and wide-open eyes. before which photopsic illusions floated continually. A great white hand seemed to appear to him in the darkness, coming outspread toward his face, causing him in terror to scream for the watcher. He would converse rationally through these painful vigils, and seemed to know that the object of his dread was an illusion. During most of his sickness he was extremely irritable and fault-finding.—weeping at trifles and despair-

ing of recovery. Every few days there was continual, hacking, dry cough, but examination of the chest revealed nothing.

He could not turn his eyes upward or to one side without severe aching and throbbing. The conjunctiva appeared somewhat congested. The irritation of the kidneys was extreme. Cold compresses came off steaming in a few minutes, smelling of benzine, and stained a deep yellow. Nothing seemed to remove this yellow stain from the linen but a long exposure to the sun. It is now eight weeks since he began to be sick, and although able to follow a light employment in the city, there remains a symptom of peculiar interest from its novelty : occasional, sudden puffing up of the left cheek and of the calf of the left leg, as though the parts were filled with air, going off in a few hours, and returning again.

The treatment was mainly hydropathic, in order not to mix symptoms of benzine with those of remedies employed. Plenty of milk and beef tea were given at regular intervals, but no stimulants. At one time he sank very low, approaching a typhoid condition ; the tongue was parched and brown, sordes covered the teeth, and the thirst was terrible ; he complained of a sensation of falling through the bed and floor ; but the mind was perfectly rational, and he received his physician with a pleasant smile. In two days, while taking *Arsenicum*²⁰⁰, this low condition improved, and the tongue cleaned entirely. I have met the abdominal symptoms of this case in other patients who had used benzine too freely in removing varnish from their hands and arms. For the night sweats, *Nitr. acid.*²⁰⁰ was given after the third night, but it is not claimed that they were materially influenced

by the remedy. *Capsicum*²⁰⁰ seemed to relieve the chills in the back and limbs, which were quite distressing, in a few hours, after they had continued four days.

The attention of the profession is especially called to the characteristic throbbing pains of this drug ; throbbing in the region of the kidneys, in the rectum and anus, in the bladder, the urethra, and in the eyes. Benzine promises to be useful in dysentery, cystitis, and seems closely related to *Arsenicum* and *Benzoic acid*. Benzine may be formed from benzoic acid by distilling one part of the crystallized acid with three parts of hydrate of lime ; benzoic acid, on the other hand, can be formed from benzine. The question may naturally arise, whether *Benzine* can cause symptoms essentially differing from those produced by *Benzoic acid*. Inasmuch as the two differ somewhat chemically, we should look for a corresponding diversity in their toxic effects. Both produce vascular excitement, with throbbing of the smaller arteries, and ulceration in the mouth. The symptoms of the urinary organs, it will be seen are very similar. It is hoped that careful provings may be instituted at once. The utility of multiplying remedies from the laboratory is an open question, to be treated as such by proving all, and holding fast the good.

PROVING OF MORPHIUM SULHURICUM.

BY A. M. CUSHING, M. D., LYNN, MASS.

Having made and procured several short provings of the above remedy, I record one which I commenced, but for some reason was obliged to discontinue just as the symptoms began to be fully developed.

Dec. 8, 10 P. M.—Took one hundred drops 3d dilution.

Dec. 9.—Frequent dizzy spells with momentary loss of sight. Dose repeated at ten P. M.

Dec. 10.—Awoke with severe colic. Spells of dizziness and loss of sight all day. Ten P. M., took one drachm, 3d dilution.

Dec. 11.—Awoke with cramp in epigastrium as if clenched by a hand. Eleven P. M., took one and a half drachms.

Dec. 12.—In the morning, dull frontal headache; mouth dry; colic relieved by turning on the back; mouth dry after eating; desire for stool for two hours, then small stool with great straining; soft, loose stool at two P. M., with *horrid tenesmus*, *straining* and burning in the rectum almost causing frenzy. Pain over and at side of left eye all day, with some pain in left ear.

The other provings have been mislaid, but the most prominent symptom in all of them was violent and sudden neuralgic pains, similar to *Belladonna*.

PROVING OF GENISTA TINCTORIA.

BY EUGENE B. CUSHING, LYNN, MASS.

Genista tinctoria, woad-waxen, Dyer's greenweed, is indigenous in Europe, spontaneous in Essex and Middlesex counties, Mass., and in Peekskill, N. Y. Prover, a medical student, aged twenty-three, light complexion, nervo-lymphatic temperament, in perfect health. Bowels regular, stools hard and brown. The tincture was used in the proving.

July 22, 1870.—Took five drops at 9 A. M.; 10 A. M., took five drops; 1 P. M., took ten drops. At 1:40 P. M., urgent desire for stool; stool tinged with blood. The fæces, though large, were expelled like the wad from a pop-gun. No more medicine or symptoms.

July 27, 9 A. M.—Took five drops; 12 M., five drops; 4 P. M., five drops.

July 28.—Took five drops every three hours.

July 29, 9 A. M.—Desire for stool, with violent sneezing as from taking snuff; 9:10 A. M., urgent stool, soft and scanty; slight pressing pain in centre of forehead. Ten A. M., took ten drops. Severe headache, relieved by walking in woods. Eleven A. M., took ten drops, followed by urgent desire for stool, lasting only a short time. Dull, heavy headache coming on after dinner; 1:30 P. M., took five drops of tincture; headache increasing; vertigo on rising; relieved in half an hour in open air. Six P. M. took five drops.

Aug. 6, 7 A. M.—Took five drops; ten A. M., took five drops. Repeated sharp pain in right temple, from without inward, when walking. Steady headache, which

came on while exposed to the sun. Severe frontal headache, relieved by sitting in a cool room. Frequent sharp pain in right temple. Once a sensation in left ear as though some sharp instrument was thrust into the ear. Dryness of the throat. Eyes sensitive to the touch. Two P. M., took five drops; no symptoms except slight headache when turning quickly or shaking the head; 4:30 P. M., took five drops.

Aug. 7.—Took no medicine. Headache all day, not relieved by eating.

Aug. 8.—Took no medicine; no symptoms. Bowels, previously loose, became regular.

Aug. 9.—No medicine. In the sun all day; no symptoms.

Aug. 10, 8 A. M.—Took five drops; 9 A. M., took five drops; 9:30 A. M., took five drops; 10 A. M., vertigo on rising or shaking the head. Sensation as though the brain was loose and very sensitive. 10:30 A. M., took two drops. Immediate headache, quite sharp in the forehead, which soon subsided into dull heavy pain. 11 A. M., took two drops. Headache relieved by eating. 1:30 P. M., took five drops. 2:30 P. M., brain feels tender (sensitive); dizziness on walking fast or turning around; dizziness, approaching faintness, lasting a short time. 3:30 P. M., sharp, piercing pain in left temple; headache worse on left side. 4 P. M., took five drops; slight nausea. 4:30, took ten drops. Symptoms lasted till bedtime; relieved on going to bed.

Aug. 11.—Awoke several times during the night with water-brash; no headache. 9:30 A. M., took five drops; 10:30, took twenty drops. Headache till dinner; none

after eating, except on shaking the head. 6 P. M., headache came on suddenly, with vertigo on rising.

Aug. 12.—During the night, water brash. Throat dry and sensitive. On shaking the head, brain feels tender. No more medicine.

Symptoms disappeared in three days. They were all aggravated by heat from stove or sun. Improved by lying down.

CLINICAL NOTES.

BY G. F. MATTHES, M. D., NEW BEDFORD.

*Nitri acidum*⁶ removed a foetor oris, which was very much like the odor given out by carpenter's glue when heated; the patient complained at the same time of much gurgling in the left side of his abdomen, and of cold feet, but these symptoms were removed together with the foetor oris. Intermittent, which had been suppressed with quinine, in California, four years ago, returned.

*Brucea antidysenterica*³⁰ had, to my mind, a very decided effect in strengthening weak ankles in two cases, one of a boy aged four years; the other of a girl aged four and a half years.

Balsamum Peruvianum. A lady of rather delicate constitution had considerable flow of blood directly after confinement, yet in due time her breasts were filled with milk. For excruciating pain from cracked nipples she applied a little Balsam of Peru to the sore places; the flow of milk ceased, and the lochia began afresh to flow profusely. *Rhus*⁶ in water, a teaspoonful every two to

three hours, seemed to have a good effect; at least the flow of blood from the womb ceased in less than a day, and the breasts became again turgid with milk.

Oleum jecoris aselli. Dr. Buchner, in his Essay on "Air and Lungs," adverts to the fact that in England they burn cod-liver oil in several light-houses; and that a number of light-house keepers who had been threatened with phthisis pulmonalis before entering upon the duty above-named, and who inhaled day after day the air of the lantern, impregnated with the volatile parts of the oil, became fleshy and robust. I have acted on the above hint for five or six years past. In all cases where I saw fit to prescribe cod-liver oil, I have directed the inhalation of the vapors arising from gently heated (not burned or scorched) crude cod-liver oil, and have in more than one case seen happy results. I direct my patients or their attendants to fill a saucer with the crude oil, place the saucer over a tin dish filled with sand, and heat the bottom of this either by the heat of a stove or other convenient means. To some, the effect is very soothing and grateful. I remember only one instance in which the inhalation of the fumes was at once very distasteful and nauseating. This was the case of a young lady whose health failed repeatedly whenever she lived in New Bedford (near the salt water), and gained on her going west to Illinois.

Cimicifuga. Miss W., aged 55, fair and fleshy, complained of sleeplessness in consequence of care and over-exertion while nursing a sick friend. *Cocculus* gave no relief. I therefore dissolved *Cimicifuga*, in a half tumbler of cold water, directing her to take a teaspoonful four times a day. The dose was either too strong

from the outset, or the medicine was continued too long time (three days), as, besides sleep, it caused *heat in the vertex* and a *confused feeling in the head*, so that she *could not promptly answer* questions, and *was often unable to find the right words in speaking*. On visiting a friend in the evening, she *fell asleep on her chair in the midst of the conversation around her*. At night, when waking from sleep, she had *the same confused feeling in her head* as in the day-time. After the medicines had been discontinued for two days, her head and mind felt free from any trouble, and she continued to sleep well nights.

Vaccine. A young, healthy, and robust-looking lady for several years past could not eat a mouthful of meat of any kind without having, soon after, bleeding at the nose, preceded by a feeling of contraction above and between her eyebrows. Menses regular, rather profuse, and of too frequent occurrence. *Aconite*, at other times *Calcarea*, seemed to improve her condition for short periods, but not lastingly. Setting out for a journey she wanted to be re-vaccinated, and when this operation was performed, "she felt a strange sensation going all through her," as she expressed it, and ever since that time she eats meat without having any apparent disturbance of her usual health.

Nitri acidum. Dr. James B. Bell in his *Therapeutics of Diarrhoea*, p. 82, says of *Nitri ac.*: "The appetite for chalk, lime, and similar substances obstinately refuses to yield to this remedy." But a case which came under my observation in 1869 seems to prove that sometimes, at least, the appetite for chalk may be subdued by means of *Nitri. ac.*

A woman, aged forty-four, had been for two years past in the daily habit of eating chalk, at the rate of seven pounds per week; "it tasted better to her than anything else." For a good while, the heretofore too profuse and too frequent menstruation became well regulated, but her bowels became somewhat constipated; but latterly the menses again became too frequent, profuse, and protracted, the blood dark, stringy, and clotted, very offensive. Before and after menstruation she felt a distress about the region of the left ovary; every now and then she had slight attacks of a painless diarrhoea, besides heartburn, much rattling in her bowels, and a burning thirst. At length there set in a violent vomiting of a liquid so acrid as to cause large blisters on her lips. At the same time she had very frequent thin stools, coming very suddenly, so that she had to hurry to the chair, when "it ran from her like water"; the discharges, in fact, looking like water mixed with powdered chalk. *Nitri ac.*, high and low dilutions, *Nux vomica*, *Nitri spir. dulcis*, and other remedies, given consecutively, may have helped to arrest the diarrhoea, which ceased within four days; but the vomiting continued unabated and to an alarming extent; her face collapsed, the pulse became slow, hands and feet cold and damp, until, on the fourth day, I applied a sponge dipped in hot water to the spine, between the shoulder-blades, when at once she felt a genial warmth in her stomach, and the vomiting ceased. After this she recovered her strength very soon.

(Fifteen months previous to this attack she had a similar one, which lasted, under allopathic treatment, seven days.)

Six months after this last attack I met her, and heard that her health on the whole had been much better than before her sickness; yet every evening, she said, she would suffer very much from heartburn unless she took a little chalk. I now gave her *Nitri ac.*²⁰⁰, six doses, one to be taken every third or fourth day, and when, seven months after this, I saw her again, she made the following statement: "After I had taken your last medicine I only once undertook, from habit, to eat some chalk, but felt so bad from it that I never since wanted to put it again into my mouth."

LYCOPodium CLAVATUM.

BY L. WHITING, M. D., DANVERS, MASS.

Case I. Miss —, aged twenty, has been subject to constipation from infancy. Prescribed *Lycop.*, one dose every morning. Two days after, I was requested to visit her. Found her in bed, in a condition of profuse perspiration, so completely prostrated that she could not raise her head without fainting; no appetite or thirst; diarrhoea,—stools yellow, watery, painless. From this condition she gradually improved without medicine, and in a week was discharged, and one year after she had had no return of constipation.

Case II. A married woman, aged fifty-two, of sanguine temperament, with blue eyes, light brown hair, face of a dingy, pale yellowish hue.

December 17, 1866, she complained of sharp pain in dorsal hepatic region, in right shoulder and arm; throbbing frontal headache; feet and hands burning at times,

and again feeling cold or numb ; sleepy during day ; sleep disturbed at night ; craves sugar, starch, and sweet food ; complains of hæmorrhoids and constipation. In her youth she “ had taken calomel till she had to keep her mouth closed to prevent her teeth from falling out.” At two P. M., administered a dose of *Lycop.*³⁰ in water. Almost immediately she remarked that she felt the effects of the medicine “ to the very ends of her fingers and toes.” At six and nine P. M., the dose was repeated, and each time was succeeded by sensations similar to those which followed the first dose. Next morning, a fourth dose was taken, and no effects were noticed. She was directed to discontinue the medicine, and no other was given her. She continued to improve, and in a few days reported herself well.

June 9, 1869.—She called at my office in the evening, and requested me to give her some more of that “ medicine for her old liver.”

After a cursory examination, of which no record was made, I gave three powders of *Lycop.*²⁰⁰, with instructions to take one at night on retiring. Next morning at about three, I was called in haste to visit my patient, who was thought to be dying. Found her cold and numb ; she had no power to raise her arms or move her hands. Respiration was imperfectly accomplished with great effort. Administered to her a cup of hot coffee, and in an hour she was so far recovered as to be able to give an account of the various conditions through which she passed. She stated that immediately after taking the powder, she went to bed ; in a few minutes she felt a peculiar creeping chill throughout her whole body ; this

was soon followed by sharp gnawing pains in the region of the liver, as if twenty dogs with sharp teeth were gnawing all around her. After a while the pains left her liver, and seemed to migrate from place to place till they had travelled throughout her whole body. This pain was succeeded by numbness and sleep, from which she awoke unable to move or speak.

Case III. Miss —, aged twenty-eight, with dark brown hair, and light complexion, complains of bad breath in the morning; tongue thickly coated white; poor appetite; she cannot wear her clothes tight about the epigastrium; she has constipation, and leucorrhœa like milk. Her menses vary in time from three to five weeks, at times scanty, and again profuse. There is a red sediment in the urine. Prescribed three powders of *Lycop.*²⁰⁰, to be taken at night.

In two weeks she reported that she felt better than for years. Two years after, she continued entirely well.

CAUSTICUM.

BY W. B. CHAMBERLAIN, M. D., WORCESTER MASS.

As illustrating the necessity of individualizing symptoms, I have often told the following story. In April, 1852, I was called to see a Mrs. W—, aged thirty-seven, who, I was told, was in consumption. Her appearance was that of a consumptive, thin in flesh; a hollow and racking cough occurred at all times of the day, but more in the morning. There was a tenderness of the abdomen, which *Merc. viv.*¹⁸ cured in a few days. After twice prescribing for her, I found that none of the symp-

toms were removed except the one above mentioned, viz., soreness of the abdomen, which existed for years previous to her cough.

She said, "I do not see that your medicine does me any good." My answer was, "I know, Mrs. W——, you have not told me all your symptoms; if you had, the homœopathic remedies would have made you better." She smiled, and said, "Doctor, I do not think it best for me to take more medicine." But I insisted on knowing why she did not tell all her symptoms. "Well, Doctor, it is because you would laugh at me."

My answer was, "I will not laugh at you; I wish you to tell me now what symptoms you have neglected to tell before." She then said, "At two o'clock every morning I wake from sound sleep and jump out of bed into the middle of the floor and scream at the top of my voice, on account of the cramp in my heel-cords (*tendo Achillis*). My jaws are so lame and stiff that I have not been able to eat much for weeks. There are no more symptoms, doctor."

I then and there took out my "Bryant's Pocket Manuel," studied the case carefully, and gave *Causticum*⁶ in solution, a dose every two hours. She did not have the cramp in the heel again; the stiffness of the jaws disappeared in a few days, and in a short time every vestige of the cough disappeared. She gained flesh and strength and made a good recovery, with no other remedy except *Causticum*.⁶

In Hahnemann's "Chronic Diseases," Vol. 3, p. 124, are the following symptoms of *Causticum*: "Cramp in the sole of the right foot and *tendo Achillis* when stretch-

ing it. *Cramp in the feet* (after four and eleven days). Tension in the heel and tendo Achillis (after twenty days). Tearing in the left tendo Achillis." "*Sensation of tightness and pain in the jaws, so that it is very difficult for her to open her mouth to eat.*"

The above symptoms of *Causticum* were so like the symptoms which the patient had, that I gave it with confidence, and was gratified by the results.

PROLAPSE OF RECTUM.—IGNATIA.

BY WILLIAM PEARSON, M. D., SOUTH HADLEY FALLS.

In addition to some remarks of mine last August about *Ignatia*, I would say, that it has proved curative in another case of prolonged prolapsus of rectum. I treated the case without seeing the patient,—a male child, four years of age, healthy and well every other way, his father said. He had been troubled with prolapsus for some months; and, at the time I prescribed for him, his parents were obliged to return the rectum after each movement of the bowels,—sometimes twice a day,—and occasionally with great difficulty.

*Ignatia*² was the principal remedy in this case. But it required four or five weeks to perfect a cure, within which time the child had the dysentery, from taking cold, which was removed by the usual remedies—*Merc.*, *Nux.*, and *Sulph.* Then *Ign.* and local applications of cold water finished the treatment.

CLINICAL NOTES.

BY D. HUNT, M. D., WORCESTER, MASS.

China.—Mrs. G.,—American, aged 23, married one year,—for the last five years has had, for one week after being unwell, a bloody leucorrhœa; clots often accompany it. With the leucorrhœa there is a lame, sore feeling through the lower bowels, a dull feeling through the head, and slight headache; she has a feeling of prostration and weakness, and depression of spirits. She applied to me on the second day of the leucorrhœa, and I prescribed *China* tincture in pellets. The second day after the prescription the leucorrhœa was nearly well, and she was much better every way. I ordered her to wait until the leucorrhœa appeared the next month before she recommenced the medicine; for I wished to see if it would come again. At the time of its usual appearance, she thought it would not appear, for she had experienced none of her usual bad feelings after menstruation; however it did appear, when *China* arrested it one day; she says the first dose brought relief,

Ustilago maidis. About one year ago I cured the same patient of dysmenorrhœa, which had lasted for some years, with *Ustilago maidis*. I have no notes of the case.

Ferrum phosphoricum.—In several cases of irritability of the neck of the bladder, I have derived much benefit from the suggestions of Robert T. Cooper, (*Brit. Jour. of Hom.* Jan. 1st, 1870,) as to the use of *Ferrum phosphor*. I have used the 1st decimal trituration.

Robinia pseudo-acacia.—I have used the *Robinia pseudo-acacia* with almost uniform success in acidity of the

stomach—one drop of tincture after meals. This remedy was first suggested by Dr. Smedley, of Westchester, Pa.

Euphrasia.—In a case of what I supposed to be “hydrophthalmia anterior,” the irritation of the conjunctiva, resulting from the bulging of the cornea and the circumjacent sclerotic, was cured in two days by *Euphrasia* tincture, in pellets. There has been no recurrence since.

A case of scleritis was cured by *Euphrasia* tincture, without relapse.

BUCHNER ON BRIGHT'S DISEASE.

COMPILED BY C. WESSELHOEFT, M. D., BOSTON.

Having no proving to report, I would offer the following suggestions, derived from Dr. Joseph Buchner's Treatise on Bright's Disease (Leipzig, 1870). In consideration of the frequency and fatality of Bright's disease, and in the absence of a translation of Dr. Buchner's suggestive treatise, the following therapeutic directions may, it is hoped, prove beneficial in the hands of practitioners. For want of space and time, the pathological portion of the treatise has been omitted.

The fact that organic disease of the heart is, in a majority of cases, connected with genuine Bright's disease, is a reason why changes in this organ should be considered as important therapeutical guides. Thus: *Kali arsenicosum* is the principal remedy in affections of the *left* side of the heart with albuminuria; *Phosphorus* is indicated when the *right* half of the heart is affected.

The preparations of arsenic, especially *Kali arsenicosum*, are furthermore indicated in the following cases: when there is albumen in the urine, in large or small quantities; in degeneration of the kidneys, either affecting the epithelium alone, or even extending to atrophy of the tubuli of Bellini and the Malpighian corpuscles; in hyperinosis of the blood, with affection of the left side of the heart; and in œdema of the brain.

Phosphorus is the opposite of *Arsenic*. It is not indicated in great prostration (Hahnemann); but where the urine contains epithelial debris; muco-purulent corpuscles; albumen (in six cases of poisoning by phosphorus); or blood corpuscles (George.) It is the remedy where the kidneys are degenerated, or the cortical substance has become granular; in incipient pneumonia; in organic changes of *right side of heart*; and in signs of cerebral atrophy.

Phosphoric acid is useful in certain chronic tedious forms of Bright's disease, with melanotic, scorbutic diathesis, resembling forms of typhus with stupor; in relaxed and thin walls of blood-vessels; also in disease of kidneys, obscure and chronic; when the patient is indifferent and dull, caring for neither food nor drink; when the quantity of albumen in the urine is small, unattended by fever or heat, the skin being flabby and cool, without either œdema or dropsy; and with positive congestion of lungs.

Cuprum is similar to *Arsenic*, but more penetrating in its effect, though slower in action. The type of disease is relapsing; the remissions are long, and the relapses violent; localization of morbid changes occur in the liver,

kidneys, and spinal cord ; atrophy of muscles ; obstinate vomiting.

Aurum muriaticum is applicable to affections of the left side of the heart ; dyspnœa ; hyperæmia ; swelling of liver, with altered secretions and pressing pain ; increased flow of urine.

Terebinthina is applicable to cases of diminished renal secretion, attended with the following symptoms : urine dark and bloody ; coagulations, with tubular casts, and renal debris ; anasarca ; irritability ; absence of disease of the heart and blood vessels.

[*Mercurius corrosivus* is recommended by Dr. Schley (*American Observer*, Vol. VII, page 411), in cases where the urine looks as if mixed with blood, when a coagulum is caused by boiling or nitric acid.]

The same remedies are recommended by Dr. Buchner, when uræmic symptoms prevailed, with asphyxia and convulsions.

Hydrocyanic acid is indicated in asphyxia from uræmia, caused by decomposition of urea, and consequent presence of carbonate of ammonia in the blood.

Nicotine is indicated in the same condition.

Cuprum is indicated in occlusion of tubuli uriniferi. The symptoms are : affection of the cerebrum ; diminished urine ; convulsions, alternate with garrulous delirium, rapid flow of thoughts ; amaurosis ; deafness ; apathy ; face distorted, red ; protrusion of the eyes ; tongue and breasts cold ; patient utters long-drawn screams.

XXXIX.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

TERTIAN INTERMITTENT.—*Lycopodium*. Case of two years standing; drawing, tearing pains in back and limbs, followed by heat and sweat, or sweat only; urine copious, light-colored, and depositing a brick-dust sediment which adhered very tenaciously to the vessel; thirst mostly during and after perspiration; fullness at pit of stomach, with rumbling in bowels, especially on the left side; great debility, and aversion to exercise. *Lycopodium*²⁰⁰, one dose, cured her completely.—*H. M. Hunter*.

DISORDERS OF PREGNANCY.—*Sepia*. Pregnant four months; under other treatment two months. Pain in left side of forehead, worse after midnight, and most severe in the morning, after waking; feeling as if the head would burst; nausea and vomiting; great sadness and weeping; dryness of the throat, with constant inclination to cough, obstinate constipation. *Sepia*²⁰⁰. In three days convalescent.—*W. P. Gambell*.

SCIRRHUS OF RIGHT BREAST.—*Sepia*. Patient aged forty years, unmarried, tall, thin, of mild disposition, six months since discovered a scirrhus tumor, with tenderness to touch, and stinging pain; now about the size of a hen's egg, hard, and nodulated. *Sepia*²⁰⁰, repeated every night for a week, produced a decided diminution in

size, and relieved pain. The Sepia was continued, a dose every three days for two months, and the case was cured.
W. P. Gambell.

CONVULSIONS.—*Phosphorus*. Patient, a sensitive lad of fourteen years, who had received a very severe nervous shock by the burning of the house in which he lived. At first he was sleepless; this was followed in a few days, by cutting pains in the region of the heart, with severe chills, increasing till of convulsive violence, and ending by his falling to the floor apparently dead, being rigid and pulseless. He would lie there for half an hour, and, on coming too, would act like an insane person. After a time the paroxysm changed, and he would feel from the right ear to the top of the head, "as if everything had stopped," and would instantly fall into a sound sleep, from which he would awake completely mesmerized. During the whole of his sickness he has never awakened in the morning in his right mind. *Phosphorus*³, twelve powders. The prescription was made without having seen the patient. After having taken two of the powders, he awoke perfectly insane; but the second morning he awoke perfectly sane, and continued steadily to gain.
F. N. Palmer.

DIPHTHERIA INTERCURRENT IN VARIOLOID.—A man, thirty-five years of age, was attacked with a severe diphtheria, but in a few days was entirely relieved of it. After two or three days of convalescence, he was again taken sick. In just twelve days from his first attack, he broke out with a severe varioloid, which passed through all the stages of a true variola, except the suppuration. Now, what was the relation of this case of varioloid to the diphtheritic throat? There were no variolous symptoms

during the sore throat, and no sore throat during the varioloid. The time of the appearance of the eruption was normal, counting from the second attack of sickness; and so was the time of the second attack (after deducting the usual time for the incubation of diphtheria) from an exposure attendant on a case of varioloid occurring in his own house, but so slight as not to be noticed until after the recovery of this patient. Can the system entertain two distinct acute diseases at the same time?—*F. N. Palmer.*

SCROFULOUS OPTHALMIA.—*Arsenicum.* Nellie S. aged 3 yrs. Has suffered since six months old with scrofulous ophthalmia, the chief symptom of which, at the time I first saw her, was excessive photophobia, obliging her always, even in a poorly lighted room, to direct the eyes to the floor. She was able to see surrounding objects only by a quick glance upward. During severe aggravations she has been obliged to lie on her face in a dark corner for hours together. The only abnormal appearance of the eyes was a slightly reddened palpebral conjunctiva. She had been treated by at least six allopathic physicians without relief, one of whom scarified the inside of the lids. All hope of cure had been abandoned by her parents, and treatment had been discontinued for some months when the child's mother called my attention to it incidentally. I gave her 12 powders of Arsen. 3d trit., one to be taken every night. A fortnight afterwards she could look straight up, with eyes wide open. Her mother told me she commenced to improve immediately on taking the powders, and that now her complaint had ceased to trouble her except in a very strong light. I

gave her 6 powders more, one to be taken every second night, which sufficed to complete the cure.—*T. Conant.*

SUPPRESSED COUGH.—*Arsenicum.* The patient was one who was always in poor health, and badly troubled with her lungs. The last medicine (allopathic) which she took entirely suppressed her cough. I found her partially raised in bed, pulse and breathing rapid, with sharp pains through both lungs. Prognosis unfavorable. *Belladonna* and *Phosphorus* with hot compresses soon relieved her acute symptoms; but for seven weeks no great advance was made, though many remedies were given. At the end of this time her condition was as follows: position semi-recumbent; dyspnoea; frequent, short, hacking cough; severe, sharp pain in both lungs, worse in upper portion of left lung; worse at night, *and always worse on lying down*, indeed, she could not lie down; emaciated, no appetite, and weak; no respiratory murmur through any portion of left lung, and very feeble in the right; percussion intolerable. *Arsenicum*,²⁰⁰, one dose. The action was so sudden and marked that, two days after, both nurse and patient met me at the door.—*A. M. Cushing.*

COUGH.—*Phosphorus*¹²⁰⁰. Miss H——, aged eighteen, of light complexion, blue eyes, and hectic flush, has had a cough for six months, growing worse under allopathic and homœopathic treatment, until now it is almost continuous, night and day, with slight expectoration, nervousness, and inability to sing. Her father and several members of the family have died of consumption. *Phosphorus*¹²⁰⁰, one dose. In one week she reports no pain and no cough, and she feels very much better.—*A. M. Cushing.*

CHRONIC DYSENTERY.—*Merc. cor.*, *Ars.*, *Nux.* Mr. R. aged fifty, by occupation a porter; has had dysentery, contracted in Calcutta, for fourteen years; for the last two years he has been able to work but one week in three. Frequent discharges of mucus and blood, with great tenesmus. He took *Mercurius cor.*, and *Arsenicum*. In a week he was very much relieved and took *Nux.* Four years have elapsed, and he never has had a return of the disease.—*L. D. Packard.*

NEPHRITIS.—*Aconite*. A man of sixty-five years, wharfinger, has been subject to one or more attacks of nephritis yearly, for twenty years, sometimes lasting two months. The pain in the lumbar region was very severe, and the urine was suppressed. Gave *Aconite* tincture, and applied cold wet bandages. Relief in half an hour. The next day he returned to his business, and for four and a half years has not had a return of the disease.—*L. D. Packard.*

ENTERALGIA WITH CONSTIPATION.—*Nux.* A blacksmith had suffered for three years with severe pain in the bowels, indigestion and constipation. Had been under the care of physicians, allopathic and homœopathic, most of the time, but for the last nine months had been able to work but little. Directed him to have his apron supported by straps from his shoulders, and to take *Nux.* Completely cured in a short time.—*L. D. Packard.*

CARBUNCLE.—*Sulphur*, *Arsenicum*. A hale and hearty woman, of seventy-six years, had been troubled by an intense itching of back of neck for ten years past. The skin is of a bluish red, forming dry, whitish scales, which readily come off. Prescribed *Sulphur*. After six weeks

there evidently existed subcutaneous inflammation, with severe burning pains. Gave *Arsenicum*, which carried a dangerous carbuncle to a successful issue.—*F. F. de Derby*.

CEREBRITIS.—*Helleb.*, *Zinc*, *Phos.*, *Calc.*, *c.* After a sickness of seven weeks, diagnosed by two allopathic physicians, first as typhoid fever, and afterwards as tuberculosis of the brain, a lad three and a half years of age presented the following symptoms: Perfect emaciation, even the dry and shrivelled skin being gone in many places, his appetite, strength, sight, and reason gone; his hard and shrunken bowels seemed closely adherent to the spine; dark, offensive diarrhoea; pulse one hundred and thirty; head thrown back; neck rigid; the sightless eyes always looking over the head; and entire paralysis of the right arm and leg. Every few moments he would scowl his face, and utter a wild and terribly piercing shriek. His stomach rejected all food, and his appearance was decidedly idiotic. The disease commenced with convulsions. *Helleborus*², *Zinc*², were prescribed. At the close of the first week he could take a little nourishment, and the evacuations were lessened. He then took *Belladonna*²⁰⁰ and *Calcarea*²⁰⁰. At the end of the second week the improvement had continued, and he showed signs of returning sight, but he could not control the direction of his eyes; on attempting to look at an object one would turn up and the other down. He next took *Phosphorus*²⁰⁰ and *Calcarea*²⁰⁰. At the end of nine weeks, he could, for the first time, bring both eyes down, so as to see an object on the floor. He improved steadily, and is now as well and hearty as ever.—*W. H. Lougee*.

SCARLATINA, AND DROPSY AS A SEQUELA.—*Arsenicum, Digitalis*. A little boy, aged seven, was violently attacked by scarlatina. He lay for a week in a soporose state, with red, and half-closed eyes, constantly muttering, and appearing partially paralysed. At the close of the week the eruption was finally induced to the surface, and then passed through its usual course. The throat had a dirty, ragged looking ulcer, and an acrid discharge came from both nostrils, and later from the ear also. Little blisters came out all over the face and forehead, which formed ugly looking sores, upon which came thick, yellow crusts. Within three days from this eruption he commenced bloating, especially around the neck and feet, the urine diminishing till it did not amount to a gill in *twenty-four* hours. The whole surface of the body was perfectly dry, and the appetite was ravenous. The oedema increased rapidly, the pulse became uncountable, as the heart seemed to act in one unbroken roll. He sat bolstered up in bed, with mouth wide open to breathe. He seemed about to die every moment. Other remedies having failed, he was put upon *Arsenicum* and *Digitalis* in alternation every hour, and *Muriated tincture of Iron* three times daily. Within forty-eight hours there was a decided change for the better, which continued to a perfect cure.—*W. H. Lougee*.

NEURALGIA.—*Nux*. Mrs. P——, age fifty-five; shooting pains in the head till the face would become almost purple; suddenly leaving her head it would attack her bowels, causing violent screams; at the same time darting pains in arms and legs; constant urging to urinate, but could pass but little light-colored urine; skin very dry.

*Nux*³ gave relief in five minutes, and perfect cure in a half hour.—*H. B. Clarke.*

CONSTIPATION.—*Alumina.* A nursing child of four months had been constipated from its birth. All remedies used were of no avail. *Alumina*²⁰⁰, one dose, cured it, and it has remained cured now two months.—*W. B. Chamberlain.*

NEURALGIA.—*Zinc. val.* Miss R——, aged thirty-five, subject to profuse and frequent menstruation, was chilled by sitting in a cold parlor. She was taken with a severe stitch in sacrum, the pain of which increased every hour, shooting into the vagina, with hysteralgia, thence to the umbilicus, hypogastrium, right knee, left knee, and back to sacrum, repeating this course every two minutes; pulse regular but weak; pains relieved by pressure; great soreness through the abdomen. Twenty-four hours medication gave no relief. Gave *Zinc. val.* In six hours she was asleep, and awoke perfectly relieved.—*W. B. Chamberlain.*

XL.

REPORT ON SURGERY.

MR. PRESIDENT AND FELLOWS OF THE MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY :—

Your Committee present the following reports of cases, by G. M. Pease, M. D., and J. W. Hayward, M. D.

In the West Surgery is mainly in the hands of homœopaths, and we ought to strive here in the East to get our share. It is very true that many good operations (allopathically speaking) are prevented by our system of medication. Whenever we have succeeded in preventing an operation with the knife by means of medicine we have done a surgical operation of the highest order. but, except among ourselves, as the public mind is now educated, we do not get the popular fame and glory we would get from an equally successful knife operation. One thing we do have, and that is, an innate consciousness of having discharged our duty.

AMPUTATION OF ARM AFTER COMPOUND AND COMMUNUTED FRACTURE OF FOREARM.—Frank R. of Medway, Mass., was employed in an awl factory, and while at his work carelessly brought his arm in contact with a large cog-wheel which was revolving rapidly. His wrist was entangled between the

two wheels, and, wrenching his arm, turned him over in such a manner as again to free him, when it was found that his forearm was very badly fractured, both radius and ulna being broken in two places; the muscles of the forearm were all torn from their attachments, and the bones entirely denuded of muscles, even a little way above the elbow; the radial artery had been crushed and divided at about the upper third of the radius, and pulsation in the ulna could not be detected at any point. I saw the patient at 9 P.M., nearly 12 hours after the accident, and as the attending physician, Dr. Gale, had arranged the parts very nicely in apposition, I concluded to wait until morning before doing anything. In the morning the hand had commenced to change in color, and the tissues in the region of the wrist were puffed with air. A circular amputation was made at the lower third of the humerus, the arteries were ligated, and the flesh drawn together with sutures. A dressing of water with a weak solution of carbolic acid was applied, and a rapid union took place.

FRACTURE OF ACROMION PROCESS OF SCAPULA.—Mr. B. of South Boston, while pulling at something in his stable, lost his foothold and fell backwards striking upon his shoulder. At the request of Dr. Cross I was called and found a fracture of the acromion process. I applied an apparatus of my own for fractured clavicle, &c., except that the pad under the arm was not used. A great deal of soreness was felt in the region, and Arnica was given internally.—A rapid union took place.

STRANGULATED INDIRECT INGUINAL HERNIA. REDUCTION. Dr. J. H. Smith of Melrose sent for me to operate for strangulated hernia upon a patient of his, an old man who had been ruptured years ago, but who had not worn a

truss for some time as the hernia did not come down. The previous day he had severely strained himself and the tumor made its appearance and became strangulated. Dr. Smith administered appropriate remedies for the reduction of inflammation and removal of spasmodic action, and tried taxis, but without avail. I saw him some twenty-four or more hours after the strangulation. Examination revealed a large tumor the size of a goose egg, hard and compactly filled with fæcal matter, apparently unyielding. Deeming it best to try taxis before operating with the knife, I had the patient lie upon his back, his hips upon an arm of the sofa, and his feet upon a chair. Directing him to draw in his breath gently I proceeded to manipulate the tumor, which I soon found began to yield. In a very short time the whole was reduced, and no more trouble has followed. The patient was directed to wear his truss.

LACERATION OF THE MUSCLES OF THE THIGH.—Mrs. W.—aged about 60, when going down stairs caught her heel and tripped, felt something snap and could not bear her weight upon her leg, nor move it without pain; supposed she had broken the femur. Upon examination the rectus and tensor vaginæ femoris muscles were found ruptured, at about midway of the thigh. Her leg was placed in an easy position and instructions given to keep perfect quiet. Arnica was given internally and externally.

FISTULA IN ANO—*Nine sinuses*.—Mr K. aged about 40, complained of severe throbbing and lancinating pains in perineum; a fullness was observed around the anus on the right side, but no external opening. Just within the sphincter ani was a fistulous opening. The affected surface could probably be covered by the palm of one's

hand. An incision was made externally and the sinuses, nine in number, laid open; that one extending into the bowel was cut through and the sphincter divided. An old cicatrix was found of a former operation, some years before, at which time he was cut and cauterized for six or eight months before being discharged as cured. The divisions between the sinuses were cut away so as to make but one large sinus, lint was applied, and a weak solution of carbolic acid directed to be used freely. In about two weeks the wound was nearly healed, but a new sinus made its appearance by the side of the former cicatrix, which was opened and treated in a similar manner. Before that had healed another made its appearance, and so it continued for three months when a complete recovery took place.

The patient had some years before been afflicted with syphilis and been thoroughly mercurialized. At the time I first saw him he was suffering much with dyspnoea on the slightest exertion, and some cough was present. As the fistula approached a cure the general health became better, and when they were entirely healed, no dyspnoea or cough were present.

The remedies used after the operation were *Rhus tox*²⁰⁰ *Merc.*²⁰⁰ and *Hepar sulph.* in the order in which they are mentioned. When discharged cured a vial of *Sulphur*²⁰⁰ was given with directions to take one dose every fortnight. For the past few months the patient has been in better health than for several years before.

The theory that fistula is a safety valve for phthisis and that the surgical cure of fistula was only to cause immediately the full development of consumption, seemed

in this case to be reversed—the lung symptoms yielding as soon as the fistula progressed toward a cure. The future of this case remains to be seen.

FIBROID TUMOR UPON FOREHEAD.—Mr. R., at the suggestion of Dr. E. P. Scales, consulted me regarding a tumor on the forehead which was supposed to be a wen. Its external appearance was of a wen the size of a pea, in such a state of suppuration as nearly to break and discharge, but the tumor was in reality of much more extended surface. An incision was made and the character of the tumor displayed. A small sack containing sebaceous matter, in a semi-purulent condition, was upon the outer surface, but adherent to its sack was a dense fibroid tumor well supplied with nutrients. After being carefully dissected out the tumor was of about the size of a walnut—it was not particularly examined, but from its peculiar manner of attachment cell formation was suspected. Some time previous to the operation the wen had been “squeezed”, so the patient said, by a physician in the city, since which time it had steadily grown in size. The location of the tumor was immediately over the supra orbital ridge, and in close proximity to the supra orbital nerve and artery, so much so as to cause some pain and fullness below the ridge, above and at the inner side of the orbit. A speedy recovery took place.

OVARIAN TUMOR ABSORBED AFTER MEDICATION.—Miss F. age 20, unmarried, consulted me for symptoms which are too numerous to relate, but who had, I found, a tumor in the left ovary of about the size of a goose egg. Constant pain was felt in the region. From all the symptoms of the case I was led to select Ammon. mur. as the remedy, which was given in the 30th potency. The first dose

produced an immediate aggravation of all the symptoms, particularly of the pains in the ovarian region. The 200th potency was then given, with a like result, but with less severity. Two doses of the 200th only were given. Within three months the tumor had entirely disappeared and no pain whatever has been experienced since the last dose of medicine was taken. She has been unusually well for the past five or six months.

FRACTURE OF FOREFINGER DURING EARLY CHILDHOOD, WITHOUT SUBSEQUENT RE-UNION.—Wm. P. in early childhood broke his forefinger at the first phalanx. The physician called some hours afterward considered it a case of erysipelas and so treated it, but unfortunately for the boy the diagnosis was incorrect, and the result was a very pliable finger, which was in the way all the time. The finger has not grown since the fracture. There seems not to have been any lymph thrown out or attempt made at a union between the ends of the broken bone.

A plaster cast has been taken of the hand, a copy of which I take pleasure in presenting to the society. I have not removed the finger, as I purpose doing, that the Fellows of the Society may the better see the finger upon the boy himself.

STRANGULATED OBLIQUE INGUINAL HERNIA.—Mr. P., age 64. Last January was conscious of an injury while lifting something heavy—said he felt as if something gave way in the right groin, and made him feel faint for a time, but thought but little of it. Ever since that time has noticed a fullness in right inguinal region extending into the scrotum, but did not know what it was. A few days since while at work, (early Monday morning) felt faint,

and the region of the hernia was uncomfortably full—soon was obliged to go home and lie down. He took some cathartic pills, but by Tuesday morning they had not operated, and he took some more. Very soon he commenced vomiting stercoraceous matter, and felt, as he thought, colic pains very severely. He called a female physician, who judged from his description that he had a strangulated hernia, and advised him to call me. I saw him at two o'clock Tuesday afternoon, about thirty hours after the first symptoms—found a large knuckle of intestine protruding into the scrotum and compactly filled with fæcal matter. A short time was spent at reduction, but unsuccessfully. I decided to etherize and again try taxis, determined to resort to an operation if necessary. At 4½ P.M., with the assistance of Drs. G. Pease and F. Underwood I etherized the patient and commenced manipulation. A very short time was sufficient to sensibly soften and diminish the size of the tumor, but even after all the fæcal matter was emptied from the gut, it required considerable time to reduce the hernia. It was however entirely reduced and the patient put to bed. Acon. and Nux were given to be taken alternately every two hours. Wednesday noon I called upon him, and found that he had had two easy movements of the bowels, had been up to eat his breakfast, and been about the house a little, but the hernia was down again and partially filled. Very slight manipulation was sufficient to soften the tumor, and he was directed to manipulate it himself from time to time and keep it soft. Thursday forenoon I again called and still found the hernia down. He was again etherized with the intention of immediately applying a truss, as soon as a reduction was made (He had never

worn a truss.) A singular phenomenon was then manifested. The reduction was made, but no sooner was pressure taken off, than the hernia returned as large as ever. Considerable time was required for its reduction, but a single second, apparently, was sufficient for its return. A ratchet padded truss was applied, and then the reduction made again, and the pad placed immediately upon the opening, but without success. I then left the patient with instructions to keep the tumor soft, and saying that perhaps he might get along very well with care; and that if ever it should become strangulated again, his best way was to have an operation performed that a radical cure might result. Nux v. was left him to be taken occasionally.—*G. M. Pease, M. D.*

COMPOUND COMMINUTED FRACTURE OF FEMUR.—*Recovery.* I was called in consultation to see Capt. L.—age 63—whose leg was fractured one week previously. The history in brief was as follows. While endeavoring to cast off a cable which was fast to his ship and to a passing tug, he was caught in a loop of the rope and drawn forcibly against the railing of his vessel, where he was held with the rope tightening by the full force of the tug until a servant could come from the cabin and sever it with a dull knife. When first seen I noted the following conditions:—Decubitus, back; countenance, pinched; expression, anxious; voice, strong; pulse 120, small and thready; tongue, red and dry; thirst, great; secretions, scanty. Rigors four times in the last 48 hours. Upon examining the limb, I found it resting upon a double inclined plane and intensely swollen. An efflorescence resembling erysipelas extended from his knee to his shoulder. I raised the limb and a dark colored, watery, very offensive pus saturated all

the paddings of the splint and ran in streams from the under side of the thigh. A cut 6 or 7 inches long extended transversely across the back of the thigh and severed all the gluteal muscles;—a black, ugly looking ulcer extended four inches in either direction from the cut. I put my finger into the cut and could easily feel the ends of an oblique fracture of the femur, 5 inches from knee joint. A further examination revealed a transverse fracture, 2 inches above the first, which was not exposed to the air.

His attending physician diagnosed pyæmia and prognosed death.

As soon as the changes could be made, Arsenicum 3rd cent. was substituted for drugs, and the limb was placed in a horizontal position, and supported in a box made so as to expose the ulcer to the air, and allow the pus to escape freely. Constant extension sufficient to maintain the normal length of the limb was kept up.

Improvement was marked and rapid; bony union took place at the upper break, and the ulcer gradually healed by granulation. Still no union occurred at the lower point of fracture. After an unsuccessful effort of three months to induce union I determined to allow the limb to shorten, hoping thereby to bring two periosteal surfaces together and induce union. The result was successful—in two weeks the union was evident, and in four weeks it was firm.

Both ends of the fractured bone were exfoliated. Principal remedies used during treatment were Ars. Rhus. Silicea and Sulph.

XLI.

REPORT OF COMMITTEE ON OBSTETRICS.

PROTRACTED GESTATION.

BY J. H. WOODBURY, M. D., OF BOSTON.

It has been observed that "peculiar cases are gregarious in a physician's practice;" and it is owing to the truth of this aphorism that I am able to lay before you to-day the notes of two cases of protracted gestation. It is but natural that some should be led to doubt the accuracy of the data upon which the assumption of prolonged gestation is based; I would simply say that both cases occurred in women entirely free from menstrual irregularities, and that, in both cases also, quickening occurred at the proper time, and that the movements of the children were felt with the usual force and frequency, from the date of the quickening to the time of the delivery.

It is interesting to notice how great a latitude has existed in the views of the ablest writers upon the duration of pregnancy. By the civil code of France, a pregnancy may be properly held to continue until the 300th day, which is allowing a latitude of 20 days beyond the full

term of 280 days. But most writers admit a far greater range than that allowed in the French Code. Accurate statistics show that the period of gestation is by no means a fixed term in any of the lower animals. According to Brugnone, the difference between the shortest and the most protracted gestation in fifty-five mares amounted to 77 days. M. Tessier found that in the gestation of two hundred mares, there was a latitude of 83 days.

Prof. Asdrubali gives us a very full account of the pregnancy and confinement of the Signora N., who carried twins in the womb over thirteen months. The truth of his report I have never seen questioned; but on the contrary, it has been cordially accepted by the most able writers upon this subject since his time. Dr. Merriam, of London, has published, in Vol. XIII. Part 2 of the *London Medico-Chirurgical Transactions*, a paper on the period of gestation, in which he says: "Of 114 mature children, 10 were born in the 43d, and 4 in the 44th week; of which latter, 2 were born at 300 days." Prof. Meigs reports a case which occurred at the Pennsylvania Hospital, in which he believes the pregnancy continued 420, instead of 280 days: the pregnancy having commenced in July, 1839, and ended on the 13th September, 1840.

Dr. Atlee reports two cases which nearly equaled 356 days each; and Dr. Simpson records, as having occurred in his own practice, cases in which the period reached respectively 319, 324, 332, and 336 days.

The following cases show respectively 378 and 359 days between the close of the last catamenia and the delivery.

CASE I.

Mrs. Lucy J. N., æt. 34, was the mother of four children, all of whom had been born without any unusual incidents, and her menstruation was perfectly regular. She began to menstruate on May 3, 1869, and ceased on the 7th. During the succeeding six weeks she suffered all the usual discomforts of early pregnancy, such as nausea, vomiting, loathing of food, etc. On the 28th of September she quickened, and the movements of the child subsequently were both strong and frequent, up to the date of her expected confinement, which she supposed would take place early in February, 1870.

On February 8th, feeling the usual symptoms of approaching labor,—the pains being both strong and frequent,—she sent for her family physician, Dr. N., an allopath of this city. On his arrival he made the usual examination, and announced to the lady that her labor was progressing satisfactorily and rapidly, and that already he could easily introduce two fingers into the os uteri. But here the progress seemed to cease, and the pains, after some hours, lost their regularity, became feeble, and finally ceased altogether, and the physician retired to his home to await a summons which he predicted could not be long delayed. But in this he was doomed to disappointment; for although from that time forth the lady was a constant sufferer, during the succeeding three months the proper labor pains never returned again. During all this time she suffered from a peculiar distressing pain through and above the symphysis pubis, attended with most tormenting dysuria, which obliged her to attempt to relieve the bladder every ten or twenty

minutes, day and night. Her physician counseled patience, and assured her that her labor could not be many days delayed. So the case went on from day to day.

On *May 20th*, at the solicitation of a friend, her husband asked me to see the case. I found the patient nearly worn out and exhausted by her long-continued and constant sufferings, and quite discouraged as to the result. On examination, I found the os uteri in precisely the condition which Dr. N. had told her it was more than three months before: just sufficiently dilated to easily admit two fingers. I now very carefully introduced a uterine sound, which, to my surprise, readily passed upward thirteen inches without meeting any obstruction until it reached the fundus uteri. Pressing anteriorly with it, however, I came in contact with the distended membranes, surrounding the foetus. After again going carefully over the chronology of her pregnancy, I decided to rupture the membranes with the sound, which was still in utero, and thus induce labor. I did so and a most copious discharge of amniotic fluid followed. The pains came on in the course of an hour, and were both strong and frequent, but the labor made no perceptible progress. After the expiration of an hour, however, I found the os uteri considerably dilated and softened, so that with a little effort I was able to introduce my hand, and make a careful exploration, which disclosed the fact that the occipital region of the child's head presented at the superior strait. The face of the child was, by the force of the pains, firmly flexed upon the breast, while every pain was forcing the vertex higher and higher above the symphysis pubis.

In the then existing condition of things, no amount of force or manipulation would have availed to bring the

vertex to the superior strait. Turning by the feet was decided upon and safely performed, and this long pregnancy brought to a close by the birth of a live female child, weighing nine and one half pounds. None of her previous children weighed over five pounds. As will be readily seen, the obstacle to delivery in this case was the faulty position of the head; but it seems almost incredible that the labor could have been so long delayed without producing either more serious injury to the mother, or the death of the child.

CASE II.

Early in December, 1869, I was called upon by Mrs. F., who resides a short distance out of town, and who desired me to attend her in her approaching confinement. On inquiry, I learned that she had ceased to menstruate on the 28th of June; had perceived quickening on or about the 18th of November, and therefore expected to be confined before the middle of April, 1870. She had borne three children, the eldest of whom was now 18, and the youngest 12 years of age. With all of them she had very comfortable, though quite protracted, labors. The engagement was made accordingly.

I did not see the lady again for several months, but learned from her nurse, as the time for her confinement approached, that she was enormous in bulk, that her feet and lower limbs were much swollen, and that she was suffering somewhat from dyspnoea. The time for her expected confinement arrived and passed; but I received no summons to attend my patient. Late in the month I heard that Mrs. F. was believed by her friends to be the

victim of a false pregnancy, though she asserted that the foetal movements were distinct and strong. I heard nothing more from her for six weeks longer.

On June 22nd, I was summoned in haste to see my patient, as she was in great suffering. I found her sitting in a chair, supported by pillows, unable for a single moment to assume a recumbent position, on account of the suffocation which it produced. She was enormously anasarcaous, and there was also hydrothorax and hydropericardium, as was revealed upon examination. For the last two weeks she had been unable to recline at all. So great was the effusion into the pericardium, that the normal sounds of the heart were entirely wanting, having given place to the peculiar rubbing or blowing sounds of advanced hydropericardium. Her face was livid, and her lips and tongue purple. Her lower extremities were excessively oedematous, and the abdomen so distended as to effectually muffle the foetal sounds. Examination per vaginam, revealed an advanced stage of pregnancy: the cervix uteri was completely obliterated, and the os easily dilatable. On passing my finger within the os, it came at once in contact with the excessively distended membranes.

I determined at once to rupture the membranes, and thus hasten the long-delayed confinement. This was accordingly done by introducing a uterine sound by the side of my finger. The rupture was instantly followed by a most copious discharge of amniotic fluid, and, in a short time, by regular and quite severe uterine contractions. But here a new danger threatened; for upon the recurrence of each pain the patient was seized with a convulsive dyspnoea frightful to witness. Her face and

hands became purple, her eyes wild and staring, as she eagerly and deliriously begged to be relieved from her terrible sufferings. I now determined to use the forceps as soon as possible, but the patient could not for a moment be placed in the usual position for their use. By bringing her forward so that she sat upon the very edge of the chair, I was enabled to apply the forceps, although the head was still in utero, and by kneeling in front of her, and making traction almost directly downward. I was able in a few moments to deliver her of a living male child, weighing a little over thirteen pounds. During and succeeding delivery, the discharge of water far exceeded anything that I ever saw in a similar case.

In her after-treatment, many of the ordinary rules of the lying-in chamber were necessarily violated. It was still impossible for her to assume the recumbent posture, and it was not until after two weeks that she was able to exchange her chair for the bed. Under the use of *Digitalis*, ^{1 dec.} and *Eupatorium purp.* ^{1 dec.} the renal secretion was greatly increased, so that for several days the quantity of urine passed ranged from six to eight quarts per diem. It was not until the expiration of six weeks that the dropsy and dyspnœa were entirely relieved, and even then there remained an irregular and intermittent action of the heart, which finally disappeared under the use of *Cactus*^b.

There had been for many weeks, a very profuse sero-lacteal discharge from the breasts. On the third day succeeding delivery, this had entirely changed in appearance, and was then found to possess all the constituents of ordinary milk, and in quantity sufficient for the child.

The urine at no time contained an appreciable quantity of albumen, and its specific gravity varied but very little at any time from the normal standard.

This was apparently a case of simple inertia of the uterus; for previous to the rupturing of the membranes, there had never been the slightest uterine effort, and it is an open and an interesting question how long this condition would have continued, had not the other alarming symptoms rendered interference necessary. What causes the onset of labor is, as yet, an unsolved problem, although it is probable that its solution is to be found in the inability of the womb, in any given case, to bear further distention. Labor comes on from some unexplained necessity of the uterine constitution, and not because the child has reached any absolute degree of development. For the child, whether large or small, is most likely to be born in 280 days after the last catamenial period of the mother; but parturition may be deferred until 300 or 320 days, or even more, have elapsed, Baudelocque endeavors to account for it upon the theory that there is an antagonism between the fibres of the cervix and those of the fundus and body of the womb. He holds that, in the early months of pregnancy, the fibres of the body and fundus yield to the distending force, while those of the cervix resist until about the seventh month. At this time they also begin to yield, and so continue yielding until the ninth month. These fibres of the cervix may be regarded as the seats of the retentive, while those of the fundus and body are the seats of the expulsive power. At the ninth month they are balanced, or antagonize each other exactly. At length, the development of the womb going on, the fibres of the fundus become more powerful,

as those of the cervix and os uteri are distended, and finally so completely opened as to allow the ovum to escape. This explanation is perhaps as good as any that could be offered; but although human sagacity may remain incompetent to the task of unfolding the secret forces upon which the completion of utero-gestation depends, it is, perhaps, not unworthy of remark, that the Author of Nature has provided a simple law in virtue of which the womb shall refuse to yield any further than is sufficient to allow the child to acquire a certain degree of size and vigor, essential for its respiratory life, but not too considerable for its birth.

EXTRA-UTERINE FŒTATION.—Dr. Farnsworth reported the following case of extra-uterine foetation: Mrs. —, aged thirty-six, the mother of three children. About the middle of July last, she took a cold bath, while heated, soon after menstruation had begun. The flow was immediately stopped, and she had considerable pain and malaise. From this time until September she had no special symptoms, except that the menses did not reappear. On September 13, Dr. Farnsworth was summoned in great haste to see her. He found her in a state of collapse, but still able to converse. She then stated that she had risen from the bed for the purpose of using the vessel, and while sitting upon it had been suddenly taken with intense pain in the region of the left ovary accompanied by faintness, and had been barely able to get back to the bed again. She was suffering great pain in the left side of the abdomen, and the symptoms of collapse were so strongly marked that he did not hesitate to diagnose a rupture of some internal organ with hæm-

orrhage into the abdomen. The patient died eight days after the occurrence of these symptoms, meanwhile suffering great pain in the left ovarian region.

At the autopsy the abdomen was found to contain a large amount of clotted blood, and a ruptured sac on the left fallopian tube indicated its source. In the abdomen was found a foetus of about the eighth or tenth week of pregnancy, enclosed in its membranes. The uterus was developed to a degree corresponding with the above term of pregnancy, and contained a well developed decidua uteri. Near its extremity, the left fallopian tube was dilated into an irregular sac about the size of a goose egg; its inner surface was ragged and villous, and contained small masses of vascular tissue, all of which must have served in the capacity of placenta to the ovum so recently thrown off. The sac, on its posterior aspect, presented an irregular rent nearly three inches in length, through which the ovum had escaped. Upon the wall of the sac nearest the uterus, a small, oval, flattened body was found, about an inch long and a quarter of an inch thick, which, upon section, presented appearances very much like ovarian tissue. The ovary and fallopian tube of the right side were normal. The chorion of the foetus had adhering to it small masses of vascular tissue like that found in the ruptured sac.

DR. TALBOT related a case of what at first had been considered extra-uterine foetation. Menstruation had ceased, and the abdomen had enlarged until it had attained the size and shape of that at full term. A careful examination, however, discovered the uterus in an unimpregnated state pushed in close above the pubes. Palpation of the abdomen detected an irregular tumor arching

across from the left to the right iliac regions, and extending above the umbilicus. This tumor corresponded so exactly in its various irregularities with the shape of an infant that it seemed quite easy to distinguish the various members of the body. The patient died, and at the autopsy there was found an irregularly lobulated tumor which had its origin in the left ovary and had extended so as to present the above appearances. In structure it was partly fibrous and partly colloid.

DR. WOODVINE related a case in which, twenty years after a supposed pregnancy, hair, bones, and nails were found in an ovarian cyst.

REPORT OF COMMITTEE ON HOSPITAL.

The Committee appointed at the last meeting of this Society, to adopt plans to secure funds for the establishment of a hospital, beg leave to submit the following report.

In assuming these responsibilities your Committee was aware that men of conflicting opinions were brought together to adopt measures to supply, if possible, that which is felt by many to be a growing want of the profession. You also were aware that at the time of our appointment, a few medical gentlemen of this city had already inaugurated a movement of a strictly private character to accomplish the same object, at No. 14. Burroughs Place. These men were a part of your Committee, equal in number to those who were in favor of establishing a hospital under the charter granted by the State legislature. The sky looked portentous before us, and it was with extreme care and caution that we came together at the call of the chairman. At our first meeting all misunderstandings and differences were settled, and by a unanimous vote of the Committee the following resolutions were adopted.

Resolved.—That this committee cordially approves the establishment of a Homœopathic Hospital in Burroughs Place, believing that in this modest beginning we have

the germ of an institution which under the fostering care of the Homœopaths of the city and the state, will grow into a New England Homœopathic Hospital and a New England Homœopathic College.

Resolved.—That this committee deems it expedient that the persons named on the Board of Trustees of the Homœopathic Hospital in Burroughs Place be added to the trustees of the Massachusetts Homœopathic Hospital, provided the charter of the latter is actually in force at this time.

On motion, it was voted that these resolutions be sent to the Homœopathic Physicians of the State, as evidence of the harmonious action of the committee. This evidence was sent to you early in the spring.

We have also requested the Secretary of the Board of Trustees of the Mass. Homœopathic Hospital to call a meeting of the same, which was done and which resulted in the formation of a new Board of Trustees, into which were incorporated not only the Trustees of the private hospital, but also your committee. Your committee after their election as Trustees were appointed the executive committee of said Board, with limited powers, to push forward the work in hand. This they have endeavored to do, by the formation of sub-committees, dividing the labor systematically. The result of their workings has been that the hospital building has been thoroughly repaired—enquiries have been made about the cost of furnishing—subscription books have been printed and bound in neat form, and sent to all the homœopathic physicians in Boston and vicinity and the larger towns throughout the state. The parties to whom books have been sent, have been request-

ed to report the amount raised through their personal efforts, but we are sorry to be obliged to report that thus far the amount has not been sufficient to establish a hospital on a successful basis. It is the duty of your committee to report that at the time of their appointment, a committee of ladies (mostly composed of the wives of medical men in this city) had inaugurated a plan for a fair to be held at No. 14, Burroughs Place, for the benefit of the private hospital. The Board of Trustees voted to have them carry out their plan for the fair, which was done and resulted in a profit of \$2500, which I am informed will be paid into the treasury, provided the members of the profession raise a sufficient amount to place the hospital in successful operation.

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